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ABSTRACT

An integral part of The Developing Child video modules from the same producer, this workbook provides a very useful clearly formatted modular presentation, 30 modules in all, of information on all areas of child development. The workbook can be used with the videos, without them as a stand alone tutorial or review source, or as the outline for a more encompassing course in the area of child development. The 30 modules constitute a survey of current child development, covering theory, history and trends, methods, bioscience background, fetal through adolescent development, and a variety of related topics. Each module includes five sections: overview, key questions to consider, vocabulary, instructional objectives, and self test. The 30 modules are: (1) Observation; (2) Study of the Child: History and Trends; (3) Theories of Development; (4) Context of Development; (5) Conception and Heredity; (6) Prenatal Development; (7) Understanding Pregnancy; (8) The Neonate; (9) Infancy: Landmarks of Development; (10) Infancy: Beginnings in Cognition and Language; (11) Infancy: Early Relationships; (12) Infancy: Self and Social World; (13) Early Child Care and Education; (14) The Child in the Family; (15) Nutrition; (16) Exceptional Children; (17) Toddlerhood: Physical and Cognitive Development; (18) Toddlerhood: Emotional Development; (19) Preschoolers: Physical and Cognitive Development; (20) Preschoolers: Social and Emotional Development; (21) Play; (22) Language Development; (23) Self-Identity and Sex Role Development; (24) Moral Development; (25) Middle Childhood Growth and Development; (26) Middle Childhood: Society of Children; (27) Middle Childhood: Sense of Industry; (28) Adolescence: Physical Growth and Development; (29) Adolescence: Cognitive and Moral Development; and (30) Adolescence: Social and Emotional Development. Within selected modules are 10 one-page digest-style papers by various authors on pertinent topics including cultural differences, eating disorders, and alternatives to spanking. (ETB)

1995/1996

THE DEVELOPING child

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WORKBOOK

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THE DEVELOPING child

A Guide to Study

Each section of the individual module in this workbook contains the following: Overview, Questions To Consider, Vocabulary, Instructional Objectives, and Self-Test.

The OVERVIEW establishes the framework for the total module.

The QUESTIONS TO CONSIDER can help focus the student's attention while viewing the video.

The VOCABULARY contains words used in each module.

The INSTRUCTIONAL OBJECTIVES set forth what the student will be able to accomplish upon completion of the module.

The SELF-TEST is a check to progress. The answers are found in the Appendix.

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1 Observation

Overview

Much of what we know about children is learned through careful observation of child growth and behavior. The naturalistic methods of observation are used to study the development of young children physically, socially, emotionally and cognitively. With older children, questionnaires and interviews are effective methods for obtaining information.

Learning techniques of observation, recording and interpretation enable the observer to gain a picture of the whole child, as an individual and as part of a group. To insure that the picture is valid, the observer must be objective, suspend value judgements, and be knowledgeable about child development.

Students, professionals and researchers use observation to learn about children's needs. They may then plan appropriate environments and experiences for the children.

Questions To Consider

1. What can be learned from observing children?
2. How are naturalistic observations conducted?
3. What determines the choice of a naturalistic method or another type of information gathering?
4. What is the importance of objectivity in observation?
5. How is the information obtained from the observation used by the observer?

Vocabulary

Read these terms with their definitions before viewing the program.

Anecdotal record A description of a specific event, usually written after its occurrence.
Check list List of specific observable behaviors or activities arranged in a logical order.
Event sampling Specific short notes are made on specified behaviors as they occur.
Interpretation The act of applying personal thoughts or feelings to what is observed.
Objectivity The observer is unbiased by his or her own thoughts and emotions when observing children.
Observation To notice and systematically record events as they occur.
Rating scale A tool that indicates the degree to which a child possesses a certain trait or behavior.
Running record A detailed account of behavior recorded in sequence as it occurs.
Time sampling The recording of the presence or absence of a specific behavior during short time intervals of uniform length.
Valid interpretation An interpretation which is based on evidence that can be supported.
Value judgement A judgement which is based on the observer's own values, which tells more about the observer than the child.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Discuss the purpose of observation in the study of children.
2. Identify areas of development seen through observation.
3. Describe naturalistic methods of observation.
4. Determine valid interpretation from an observation.
5. Recognize difficulties in observing and recording.
6. Identify three kinds of naturalistic observations.
7. Identify other methods of obtaining information from or about children.
8. Describe how information obtained from observation is used by student, professional and researcher.

Self-Test

After studying the objectives and watching the video, take the self-test to check your progress.

Select the phrase which best completes the following statements:

1. The purpose of observation in studying children is to:
    a. more thoroughly understand a specific behavior.
    b. gain additional knowledge about child development.
    c. learn more about a particular child.
    d. all of the above.

2. A valid interpretation:
   a. includes making value judgements.
   b. is based on what is actually seen.
   c. may assume more than appears in the observation.
   d. all the above.

3. Observation is:
   a. rarely used by researchers.
   b. never used for therapeutic purposes.
   c. used to plan for appropriate environments and experiences.
   d. all the above.

4. The naturalistic method of observing and recording:
   a. uses carefully chosen words to describe the action.
   b. requires minor attention to detail.
   c. is easy to do with minimum practice.
   d. all the above.

5. Questionnaires and interviews are best used with:
   a. infants and toddlers.
   b. preschool children.
   c. school age children.
   d. all the above.

6. Match the method of observation in Column I with its description in Column II.

	I	II.
____	a. Anecdotal record	1. Specific observable behaviors and activities arranged in logical order.
____	b. Running record	2. The recording of the presence or absence of a specific behavior during short intervals.
____	c. Event sampling	3. A description of a specific event, usually written after its occurrence.
____	d. Time sampling	4. A tool that indicates the degree to which a child possesses a certain behavior.
____	e. Check list	5. Specific short notes are made on specified behaviors as they occur.
____	f. Rating scale	6. A detailed account of behavior recorded in sequence as it occurs.

7. For each of the following descriptions of a child or children, identify the area of development being observed.

____ a. Cory, age 2, tries to place the triangle shaped block into the round hole in the top of the shape block before fitting into the triangle shaped hole. He does this three times. On the fourth try, he fits triangle block directly into triangle hole.

____ b. Diego, age 2, allows Cory to take a clown toy from him without protest. As Cory plays with the toy, Diego looks on with a sad, wistful expression on his face. He then heaves a deep sigh.

____ c. In making tortillas, the preschool boy puts dough on the press, closes the cover, and pushes the handle down.

____ d. Three preschool girls sit on the tire swing. Kenia and Violetta take turns pushing and riding.

8. Before answering this question, take note of:
   a. the background information which is included

Label the following observation technique: ______________________________

Sample Observation

Date: April 21 Time: 10:30 a.m.

Name of Observer: Dorothy Good

Subject: Alicia, female, 23 months old.

Setting: Play yard outside the toddler room at the campus children's center. Sunny day; six other toddlers are also in the play yard.

Alicia enters the sandbox. She picks up a coffee cup from the sand and, holding it in one hand, begins to put sand into a cardboard box nearby. Her expression is intent as she watches the sand flow from the cup into the box. Now she reaches with the other hand and grabs a handful of sand from the box. She squeezes the sand between her fingers and then throws it into the air. She smiles as she watches the wind carry the sand.

INTERPRETATION: Alicia seems very curious and content watching grains of sand. She seems delighted by her discovery of throwing the sand up and seeing it fly.

Alicia drops the coffee cup in the sand, turns to the box, and begins to pull the box toward the grass. Brandy (a 17-month-old-girl) picks up the cup. Alicia sees her pick up the cup and reaches for the cup saying, "No! Mine!" Brandy does not let go of the cup. Alicia pushes Brandy, and Brandy stumbles and falls. Alicia takes the cup from Brandy and puts it in "her" box. Brandy is crying, Alicia pushes the cardboard box of sand along the cement. She says loudly to apparently no one in particular "Mine!" At the same time, she leaves the box and joins the others at the slide.

INTERPRETATION: Alicia appeared to be done with the cup when Brandy picked it up. She wanted it back and, as she was bigger than Brandy, she ended up with the cup again, even though she kept it for less than a minute more. The slide became more appealing than the box of sand and the cup, and Alicia left to play with the others without any coaching from the children or teachers.

9. Before answering this question, take note of
   a. the background information which is included
   b. the format of the observation

Label the following observation technique: ______________________________

Sample observation

Name of observer: Gladys Faith

Date: May 23

Subject: Cory, age 2 years

Time: 9 a.m.

Setting: Toddler room in Infant/Toddler Center. Teacher is seated on rocking chair holding infant on lap. Diego, age 2, is standing next to her. Cory is lying on the floor in front of her. Teacher has a clown toy which she hands to Diego.

OBSERVATION	INTERPRETATION
Cory stands up, goes over to teacher and Diego. He looks at clown a moment. Tells Diego, "I want to see". He takes the clown from Diego, who lets it go without protest.	Cory is not aware of Diego's feelings.
Cory explores the clown, turns the key, smiles as clown head rotates. He says "Nose" and holds up his cupped hand. Then he says, "I got it". Smiles.	He is pleased with the toy and what he can do with it.
Cory protests when another child takes the clown from him. He cries "No, gimmie" and gets up. The teacher returns clown to Cory.	He is prepared to defend his possession of the toy.

Cory sits down with clown. Holds it in front of him. Places his hands on the clown's head so it does not rotate. He states "Stop his head". Pulls on the clown's hat, turns the key, turns himself around and calls out "Mommie".	He spends a long time with the toy, manipulating the key and controlling the movement of the head. He is able to verbalize his actions.
He finds the pompon on the end of the clown's hat and rubs it against his cheek. He has a faraway expression on his face.	He seems to enjoy this sensory experience.
Cory is told it is time for lunch. He shouts "No." Throws the clown aside and stomps off to lunch.	This behavior is typical of 2 year olds. He protests when he must stop a pleasurable activity, but he complies with the request.

10. Complete the following statements regarding difficulties in observing and recording.

    a. Two observers of the same action may come to different conclusions because of ________________.

    b. Some observers make ________________ based on their own feelings about a behavior.

    c. Being ________________ is a vital quality in good observers.

    d. The observer should avoid ________________ with the child.

    e. Knowledge of ________________ and ________________ is helpful in observing and recording an action.

11. After viewing the tape, return to sequence of Julia (15 months) as she gets on and off the climber. Writing the action in detail helps in seeing and understanding behavior. Write what you see her doing. Interpret in terms of physical, social, emotional and cognitive development.

Consider the following questions as you write your observation:

How difficult is it to accomplish this new climbing task?

What does she do when she gets to the platform?

Describe the expression on her face.

How does she respond to the child who approaches her?

In what ways does she interact with Patti (adult)?

How does she get off the platform?

Provide the following information and complete the observation as either a running record or anecdotal record:

Name of observer________________________________ Date________________

Subject: Julia, age ________ Time ____________ Setting:________________________

OBSERVATION INTERPRETATION

2 The Study Of The Child: History And Trends

Overview

Childhood as we know it today is a recent trend. Historically, children and their development have not been a major concern. Before the seventeenth century children were viewed as miniature adults, who were fundamentally evil and needed strong discipline.

Parents raised their children according to traditional beliefs which they accepted without question. The new view of childhood and children began to surface with John Locke in the seventeenth century. His writings and those of others influenced scientists to begin the study and observation of children. These observations revealed trends in child growth and development and led to the formulation of theories about how children grow, learn, feel, relate, and think.

The influence of research led to change. Traditional beliefs about child-rearing have been challenged and revised. Generalized principles of how children grow and develop have formed from the basic understandings of research.

Today, research has advanced with the selection of different types of child study, and advanced methods devised out of technology, such as recording responses. Questions as to a means of study that safeguards children still exist, but the situations and the problems have changed. Research may be based on current theories such as the learning theory or behaviorism, cognitive, or psychoanalytic. Theories influences what is studied, how it is studied, and the results of the study.

Questions To Consider

1. Are beliefs of the early church, Locke and Rousseau in existence today?
2. How are your beliefs about children influenced by the scientific study of the child?
3. What are some traditional beliefs that are passed from one generation to another in your family?
4. How can researchers study the child without harming or influencing the child?
5. What are current methods of studying children?
6. How does theory affect research?

Vocabulary

Read these terms with their definitions before viewing the program.

Anxiety An emotional state causing mental disturbance, regarding something uncertain or undefined.
Baby Biographies Detailed observation of infants, usually the observers' own children.
Behaviorism A doctrine which states that the objective acts of persons or animals are the chief or only subject matter of scientific psychology. Feelings, motives, attitudes, and fears are not considered important.
Cephalocaudal Growth A developmental principle which states that growth proceeds from head to tail; that is, the head develops first before the trunk and legs.
Classical Conditioning A new association is established between an external stimulus and a response that is basically a reflex. For example, after months of bottle feeding the infant is conditioned to make sucking movements at the sight of the bottle.
Critical Period The time during which the part of the organism that is developing most rapidly is most sensitive to external forces or influences.
Differentiation A developmental principle which states that development proceeds from general to specific.
Embryo The second through the sixth weeks of prenatal development when the essential organ systems develop.
Empiricism A doctrine which states that all knowledge comes from experience.
Infantile Sexuality The sexual feelings typical of infants.
Integration A developmental principle which states that development proceeds from simple to complex.
Learning Theory A doctrine having to do with the elaboration of behavior which is observable in the course of development, and that can be explained as continuous formation of connections among stimuli and responses.
Proximodistal Growth A developmental principle which states that growth proceeds from the mid-line to the extremities, from the innermost to the outermost.
Repression An ego defense mechanism which keeps anxiety-producing memories from conscious awareness.
Tabula Rasa John Locke's doctrine of the newborn as a blank slate, on which the world writes its messages.
Unconscious Conflicts Psychological struggles about which the individual is not consciously aware.
Psychoanalytical Theory The doctrine that history, culture, and society all influence the development of the child's personality.
Psychosexual Interaction of psychological and sexual development.
Psychosocial Interaction of psychological and social development.

Instructional Objectives
When you have successfully completed this module, you will be able to:

1. Identify three philosophical views on the nature of children that appeared around the seventeenth and eighteenth centuries – (a) the church; (b) Locke; (c) Rousseau.
2. Recognize the major contribution to the scientific study of children by (a) Charles Darwin; (b) G. Stanley Hall; (c) Sigmund Freud; (d) Alfred Binet; (e) John B. Watson; (f) Arnold Gesell.
3. Recognize one negative and one positive value of traditional beliefs.
4. Select an example of each of six developmental principles as presented in this module.
5. Define the following types of research study – (a) laboratory; (b) field; (c) longitudinal; (d) cross-sectional.
6. Identify three contemporary theories of child development – (a) behaviorism; (b) cognitive; (c) psychoanalytical.

Self-Test
After studying the objectives and watching the video take the self-test to check your progress.

Multiple Choice: Select the phrase which best completes each statement in items 1-3.

____1. Before the seventeenth century the official position of the church was that children were:
   a. naturally good and pure.
   b. naturally evil.
   c. neither good nor evil but were blank slates.
   d. dependent on the environment.

____2. John Locke believed that children:
   a. came into the world without any inherited tendencies to behave or think in any specific manner.
   b. were born in original sin.
   c. were born with an instinctive knowledge for right or wrong.
   d. were provided with an order of development capable of unfolding on its own.

____3. Jean-Jacques Rousseau believed that children:
   a. needed severe discipline.
   b. needed to be molded by parents.
   c. were passive recipients of experience.
   d. needed a minimum of adult supervision or correction.

4. Match the name of the scientist in column I with his major contributions to the field of child study in column II.

I	II
____ a. Charles Darwin	1. behaviorism
____ b. G. Stanley Hall	2. importance of psychosexual development
____ c. Sigmund Freud	3. tests of intelligence
____ d. Alfred Binet	4. developmental norms
____ e. John B. Watson	5. questionnaire
____ f. Arnold Gesell	6. baby biographies

5. Match the developmental principle in column I with its description in column II.

I	II
_____ a. head to tail	1. At birth Cindy displayed only excitement; by one year she displayed anger, joy, and delight.
_____ b. innermost to outermost	2. At three years Bobby practiced running; at eight years he practices running bases.
_____ c. general to specific	3. Thalidomide babies have deformed arms or legs, depending on when the pregnant mother took the drug.
_____ d. simple to complex	4. The arms of the fetus develop before the legs.
_____ e. critical periods	5. The rate of growth is rapid during infancy, but slows in early childhood.
_____ f. uneven development	6. At birth arm and hand movements are controlled from shoulder muscles; by ten months objects may be grasped and held by hand muscles.

6. From the list below select the word which best completes the following statements.

case
conflicts
cross-sectional
field
knowledge
laboratory
longitudinal
objective
permissiveness
reassurance

a. Traditional beliefs are helpful to parents because they provide _____________________________.

b. Traditional beliefs are not helpful to parents because they encourage _____________________________.

c. Researchers control the conditions of the experiment in a _____________________________ study.

d. Observing children in their natural surroundings is known as a _____________________________ study.

e. Studying large groups of children for short periods of time is known as a _____________________________ study.

f. Studying the same children over a long period of time is known as a _____________________________ study.

7. Match the theory in column I with its description in column II.

I	II
_____ a. learning theory	1. History, culture, and society influence personality development.
_____ b. cognitive theory	2. Behavior is a response to stimuli or is learned by observing or identifying with others.
_____ c. psychoanalytic theory	3. Man and animals have biological characteristics in common and both must be studied to determine inherited behavior patterns.
	4. Internal drives lead children to be active and explore the world.

3 Theories of Development

Overview

Each theory of development presents a glimpse through a window of understanding the how and why of individual growth and change. The theory, though manifest, contains an incomplete view. The construct of the theory is influenced by the theorist's own life, the historical moment and unique traits of the particular culture. Theories lasting through time, and across cultures remain relevant to the larger society.

In human development we are eclectic, drawing from a wide range of expertise and insight. Theories of Freud (psychosexual), Gesell (maturationist), Piaget (cognitive), Erikson (psychosocial), and Skinner (behaviorist) represent this eclectic view of development. These all can be practically applied in guiding children in development, behavior and learning.

One underlying determinant of theories from Gesell to Skinner is the position of whether inheritance or environment determines outcomes. The concept of interactionism resolves this debate, but a wide diversity of research continues to add new insight.

Questions To Consider

1. Why are theory constructions so diverse?
2. What are positive and negative aspects of the accepted theories?
3. Does the nature, nurture, or interactionist view support the theory of Gesell? Piaget? Skinner?
4. What would make a theory no longer applicable today?
5. How does one determine which theory to use?

Vocabulary

Read these terms with their definitions before viewing the program.

Accommodation The process of rearranging existing patterns of behavior to incorporate new knowledge.

Assimilation The incorporation of new knowledge into existing ideas or patterns of behavior.

Autonomy The second stage in Erikson's theory in which a child develops a sense of independence with the ability to use help and guidance of others.

Behaviorists Psychologists who emphasize the role of the environment in the learning of organisms, and who base their conclusions on observations of overt behavior.

Egocentricism A thinking ability in all children who are concerned with self; that is, they look at things only in relation to themselves.

Libidinal Energy Energy from the libido which, according to Freud, is distributed to different parts of the body at different ages.

Libido The instinctual energy system with which Freud said all humans are born.

Maturation Developmental changes taking place due to internal influences and independent of environmental factors.

Operant Conditioning The theory which says that we are controlled by the consequences of what we do and that what happens after our behavior will serve to increase or decrease it in the future.

Reinforcer A reward for a particular behavior which increases the probability that the rewarded behavior will be repeated.

Theory A statement including hypotheses and/or general principles to provide an interpretation of behavior.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. List three environmental events which influence theory construction.
2. Define the nature-nurture issue.
3. Explain the interactionists' theory of development.
4. Given the major characteristics of the developmental theories, identify the contributors of the theories.
5. Name and define Piaget's four stages of cognitive development.
6. List Erikson's eight stages of humankind.
7. Give examples of using theories in dealing with children.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. The three environmental events which influence theory construction are:

   a. ____

   b. ____

   c. ____

2. Define the nature-nurture issue. ______________________________

   ____

3. The interactionist's explanation of development may be defined as: ______________________

   ____

   ____

4. Below is a list of statements, each of which describes a particular theory. Identify the contributor of each theory by filling in the blank with the appropriate name. Each name may be used more than once.

   Freud
   Gesell
   Piaget
   Erikson
   Skinner

   a. ________________'s theory of maturation says that nearly everything which influences us lies within, regardless of environmental factors.

   b. From experiments with animals in the psychological laboratory, ________________ developed his theory of operant conditioning.

   c. The instinctual theory of ________________ claimed that dynamic struggles took place within the person.

   d. The theory proposed by ________________ said that almost everything which happens to us is stored in the unconscious and is accessible only through certain therapeutic techniques.

   e. ______________ believes that we inherit the tendency to organize our intellectual activity into meaningful systems to adapt to our environment.

   f. It was ________________ who believed that development is a series of crises to be resolved in a positive way if future conflicts are to be settled.

   g. According to ________________, we are controlled by the consequences of what we do, and what happens after the response will increase or decrease the behavior in the future.

   h. In his nativist theory, ________________ believed that children should not be forced into school learning situations until they are developmentally ready or have matured biologically.

   i. ________________ proposed that behavior can be shaped in any way by systematic reinforcement.

   j. All human organisms, ________________ declares, are subject to the same lawful and determined scientific principles of behavior.

   k. ______________'s developmental theory was one of the first to include adulthood.

l. _________________ believed that energy from the libido is distributed to different parts of the body at different ages and that the behavior of a person is determined by where this energy is displaced at that time.

m. ____________________ speaks of the existence of innate structures called schemas which change and become more complex with time and experience.

n. ____________________ believed in three components of the personality: the id, the ego, and the superego.

o. According to ______________________, the child is innately motivated to operate upon the environment by manipulating and exploring the surroundings.

p. ______________________ divided psychosexual development into five stages: oral, anal, phallic, latency, and genital.

q. ____________________ says we should ignore unscientific terms like "will," "soul," or "introspection" and study behaviors which can be measured and changed.

r. The instinctual theory of _____________________ is recognized as the foundation for all later theories about human development.

s. It is claimed by ____________________ that one of the most important accomplishments of an infant is the establishment of a sense of trust.

5. Name Piaget's four stages of cognitive development.

a. ____

b. ____

c. ____

d. ____

6. Erikson set forth eight stages of humankind. List them below:

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

g. ____

h. ____

7. Write two examples of how theories are applied to dealing with children.

a. ____

____

b. ____

____

4 Context of Development

Overview

The unfolding of life is a drama within the context of inherited characteristics and the encompassing environment. In the life story certain landmarks are mastered according to the plot of time and maturation. Landmarks of development from the neonate to the adolescent are seen in this module.

A crisis in the family such as the physical handicap of a sibling, abuse, divorce, death or alcoholism are decisive determinants in the young child's life. The severity of consequences is at least partially dependent on the child and the response of parents and family.

The fascinating interplay continues between heredity and environment on such characteristics as gender differences, temperament, physical coordination, rate of maturation and growth, and special talent of the individual.

An inter-relationship between areas of development continues throughout life. The early appearance of certain characteristics, or the lack of them may profoundly affect other areas of the child's life. In the whole picture, the total context determines the uniqueness of the individual's life story.

Questions To Consider

1. Why are landmarks matched with specific stages?
2. What influences the uniqueness of the individual?
3. What are parent behaviors in a divorce that may negatively affect their children?
4. What variables affect the child's response to a crisis within the family?
5. How does a physical handicap affect other areas of development?
6. How does prematurity affect development?
7. What is the effect of heredity and environment on musical talent?

Vocabulary

Read these terms with their definitions before viewing the program.

Gender One's sexual designation as male or female.
Identity Inner sense of self in relation to the rest of the world.
Individuality Each person is created in a highly distinctive way – physically, emotionally, socially, morally, and creatively.
Unique Being the only one of its kind.
Universality The commonality of humankind.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Name one key landmark for each stage of development: neonatal, infancy, toddlerhood, early childhood, middle childhood, and adolescence.
2. Given three crises in a child's life give one possible effect on behavior and/or development for each.
3. Describe how three of the following individual characteristics are influenced by heredity and/or environment: gender, temperament, cognitive style, rate of maturation and growth, talents and abilities.
4. Given four situations, describe the interrelatedness of all aspects of development.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Name one key landmark for each of the following developmental stages.

   a. Neonatal: ______________________________

   b. Infancy: ______________________________

c. Toddlerhood: ____________________

d. Early childhood: ____________________

e. Middle childhood: ____________________

f. Adolescence: ____________________

2. Select three of the crises listed below and give one possible effect of each on the child's development and/or behavior.

Divorce of parents	Inherited defect of sibling
Death in family	Alcoholic or emotionally disturbed parent

a. ____________________

b. ____________________

c. ____________________

3. Select three individual characteristics from the following list and describe how these characteristics are influenced by heredity and/or environment.

Gender	Special talents and abilities	Rate of growth and maturation
Temperament	Cognitive style	

a. ____________________

b. ____________________

c. ____________________

4. Choose four of the following examples, and describe how development may be affected.

a. During prenatal development, the mother contracts rubella (german measles).
b. An infant is born eight weeks prematurely.
c. Child moves from stage of preoperational logic to concrete operational logic.
d. A child usually comes to school hungry.

e. An infant suffers parental abuse.
f. A school-age child experiences the death of his mother.
g. An adolescent girl is embarrassed because she has matured earlier than the other girls in her class.

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5 Conception and Heredity

Overview

The moment is conception; the blueprint of characteristics inherited from both parents including their ancestry is now determined. Now each cell in this new individual will contain that exact blueprint through a specific duplication process. The exception to this is in the production of egg and sperm cells, because they each carry one half the total number of chromosomes.

The uniqueness of the individual happens with a genetic game of chance. We understand many of these processes: determination of sex, dominant, recessive, and sex-linked traits, multifactor inheritance and chromosomal abnormalities. Knowing these processes assist in prognosis of specific inherited diseases. Parents with this concern seek out genetic counseling for knowledge and advice.

The influence of heredity and environment on height and maturation can be easily traced, but it is a more formidable question when issues in personality and intelligence are discussed.

Questions To Consider

1. Why are the odds of having two individuals nearly alike so small?
2. How can a characteristic appear in a child when neither parent exhibits this characteristic?
3. How does the formation of sperm and egg cells differ from other cells?
4. How do heredity and/or environment affect weight? display of anger? I.Q.?
5. A son cannot inherit color blindness from his father, but it is possible that a grandson can. How can that be?

Vocabulary

Read these terms with their definitions before viewing the program.

Abortion Inducing premature delivery in order to prevent live birth.
Artificial Insemination The introduction of semen in the vagina or cervix by other than natural means.
Autosomes The 22 pairs of chromosomes in each cell. The sex chromosomes are pair 23.
Carrier A person who carries a gene for a hereditary defect, but who is not affected by the defect.
Chromosomes Sausage- or rod-shaped structures within each cell that carry hereditary information.
Cilia Hairlike projections in the fallopian tube which aid the mature ovum on its journey.
Conception The act of becoming pregnant, which begins at the moment when sperm and ovum unite.
Dominant Trait A trait that is the result of the action of only one of the gene pair.
Ejaculate To eject semen from the male sex organ.
Environment All of the surrounding conditions and influences that affect the development of a living thing.
Fallopian Tubes The tubes connecting each ovary to the uterus; passageway for mature ovum.
Fertilization Penetration of a female ovum by a male sperm.
Follicles A layer of cells which surround and nourish the ovum as it matures.
Gametes Sex cells; germ cells.
Germ Cells Male sperm; female ovum; sex cells; gametes.
Heredity The total characteristics biologically transmitted from parents to offspring at conception.
Heterozygous Genes A pair of genes which are unlike for a given trait (for example, Aa).
Homozygous Genes A pair of genes which are identical for a given trait (AA, aa).
Identical Twins Twins formed when one zygote splits in two and two separate individuals with the same genetic inheritance are developed.
Intelligence The ability to learn and know.
Meiosis Production of the sex cells, in which number of chromosomes is reduced by half in new cells.
Menopause The period when the reproductive ability of females comes to an end.
Menstruation The monthly cycle in nonpregnant females in which the uterine wall is expelled.
Mitosis Cell division in which new cells have same number of chromosomes as the original cell.
Ovary The organ in the female - situated on either side of the uterus - which produces mature germ cells.
Ovum The female reproductive cell; the egg or female germ cell.
Personality The total physical, intellectual, social, and emotional characteristics of an individual including abilities, interests, and attitudes.
Physiological Traits Those traits which have to do with the normal or healthy functioning of an organism.
Puberty The period when sexual, reproductive maturity is reached.
Recessive Trait A trait that appears only if both members of the gene pair are identical.
Sperm The male reproductive cell; male germ cell (short for spermatoza).
Sterilization A surgical procedure which makes it impossible for a male or a female to reproduce.
Testes The male organ in which mature germ cells are produced; one is situated on either side of the penis.
Uterus The hollow muscular organ in the female set between two ovaries, which provides a place for nourishment of prenatal organism before birth; also the source of menstruation in nonpregnant women.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Define menstruation, ovulation, and fertilization.
2. Recognize the difference between mitosis and meiosis in terms of the type of cell involved and the number of chromosomes in the new human cell.
3. Describe how and when sex is determined and identify male and female chromosomes.
4. Describe the common function of chromosomes, DNA, and genes.
5. Recognize the actions of members of gene pairs in determining dominant and recessive traits.
6. Recognize the influence of heredity and environment on physical, personality, and intellectual development.
7. Name five patterns for transmitting hereditary and environmental illnesses.
8. State the purpose and limits of genetic counseling.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Define each of the following terms:

   a. Ovulation: ______________________________

   ____

   b. Menstruation: ______________________________

   ____

   c. Fertilization: ______________________________

   ____

2. Match the diagrams with the type of cell division. Then indicate the correct number of chromosomes in the new cells and the type of cells involved.

______________ mitosis

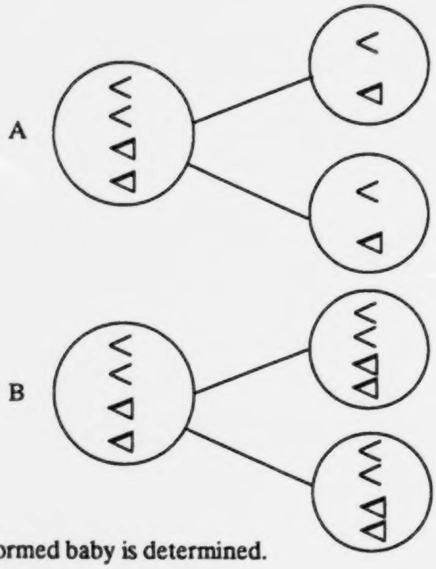
______________ chromosomes

______________ cells

______________ meiosis

______________ chromosomes

______________ cells



3. Describe how and when sex of the newly formed baby is determined.

____

____

____

4. In the following, indicate which are the male sex chromosomes and which are the female.

XX ______________________________

XY ______________________________

5. Describe the common function of chromosomes, DNA, and genes.

6. Indicate which description is of a dominant trait and which is of a recessive trait.

a. The trait which appears through the action of only one of the gene pair is a ________________trait.

b. The trait which appears only if both members of the gene pair are identical is a________________trait.

7. Place a check mark in front of the statements which best describe the influence of hereditary and environment on development.

_____a. Genetic influences predominate over environmental conditions in the development of physical features.

_____b. There are no physical traits which are influenced by environmental factors.

_____c. Environment determines the time when the infant is ready to walk.

_____d. In addition to environmental influence, studies show inheritance plays a part in personality.

_____e. Because intelligence is basically derived from heredity, environmental influence is not considered.

_____f. Both heredity and environment have a strong influence on performance in I.Q. tests.

8. Name five patterns by which hereditary defects and illnesses can be transmitted.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

9. a. Give the purposes of genetic counseling

b. State its limitations.

6 Prenatal Development

Overview

The miraculous story unfolds: conception, two cells uniting to become one, then growing and dividing, differentiating into specific purposes and growing into a fully functioning human being in nine months time. Support systems for this marvelous process, the uterus, placenta, umbilical cord and amniotic sac also develop to fully protect and provide nourishment.

Most often this part of the story of development ends with a healthy, completely formed infant with full potential. Unfortunately, miscarriages may interrupt the process, or environmental influences cause harm. A critical period exists when drugs, alcohol and other harmful substances, diseases and conditions in the environment are more likely to influence development. At times this damage is done before the woman has become fully aware of her pregnancy. With advanced medical procedures, many complications can be transformed, but with the presence of drugs, alcohol, some diseases and our modern environment we are helpless to modify the tragedy.

Questions To Consider

1. What are the differences between zygote and embryo?
2. Compare the size of the newborn to the zygote, embryo and fetus at 9 weeks.
3. What can a woman do to safeguard her pregnancy?
4. What would you advise a pregnant teenager about her pregnancy?
5. What can be done to prevent birth defects today?

Vocabulary

Read these terms with their definitions before viewing the program.

Amniotic Sac A thin membrane enclosing the embryo and filled with fluid in which the embryo is immersed.
Down's Syndrome Physical and learning difficulties caused by the addition of an extra chromosome in cells at fertilization.
Embryo A developing organism from two to eight weeks after fertilization when cells differentiate to form basic body parts and structures.
Fetus A developing organism from the end of the eighth week until birth.
Gestation The prenatal phase of life; pregnancy.
Menstrual Period The monthly discharge of blood fluid and tissue from the uterus; the average cycle is 28 days, if the ovum is not fertilized.
Placenta A disc-shaped mass of tissue attached to the uterus, through which the developing fetus acquires oxygen, nourishment and excretes its waste.
Rh Factor A protein substance present in the red blood cells of about 85 percent of humans.
Syphilis A chronic, contagious venereal disease.
Umbilical Cord The link between the embryo and the placenta through which the embryo takes nourishment, oxygen and releases waste products..
Vagina A canal that leads from the uterus of the female to the external opening of the genital canal.
Zygote The one to multiple-celled organism formed after fertilization.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Describe main characteristics for the growth and development of the zygote, embryo, and fetus.
2. Define the following: conception, fertilization, critical period, and miscarriage.
3. Discuss the function and characteristics of organs that nurture and protect the fetus: placenta, amniotic sac, umbilical cord, and uterus.
4. Identify or discuss possible effects on the fetus of such environmental factors as maternal nutrition, drug intake, disease, radiation, alcohol, mother's emotional state, age of mother, and the Rh factor.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Describe main characteristics of development for

Zygote: ______________________________

____

Embryo: ____

____

Fetus: ____

____

2. Describe the function of each of the following during pregnancy.

Placenta: ____

____

Amniotic sac: ____

____

Umbilical cord: ____

____

Uterus: ____

____

3. Mark the following statements about the organs that nurture and protect the fetus with either a "T" if true and an "F" if false.

_____ a. The size of the uterus increases 500 times during pregnancy.

_____ b. Conception normally occurs in the uterus.

_____ c. The placenta is attached to the fallopian tubes during pregnancy.

_____ d. The fetal bloodstream joins the mother's bloodstream in the placenta, but they never meet.

_____ e. A new placenta is developed for each pregnancy.

_____ f. The umbilical cord has three blood vessels for carrying nourishment to the fetus and removing waste products.

_____ g. The amniotic sac is filled with fluid and allows the fetus to move freely without the pull of gravity.

4. Fill in the blanks below with the correct term from the following list.

Embryo
Amniotic sac
Zygote
Fertilization
Placenta

Umbilical cord
Fetus
Conception
Uterus

a. ______________________ is the act of becoming pregnant.

b. ______________________ is the term for the developing human from about the second through the eighth week of prenatal development.

c. ______________________ is the term for the developing human from the end of the eighth week until birth.

d. ______________________ is the thin membrane enclosing the embryo and is filled with fluid in which the embryo is immersed.

e. ________________________________ is penetration of an ovum by a sperm.

f. ________________________________ is the link between the embryo and the placenta.

g. ________________________________ is a pie-shaped mass of tissue attached to the uterus.

h. ________________________________ is a cell formed by the union of two reproductive cells.

i. ________________________________ is the hollow muscular organ in the female where the organism develops from implantation until birth.

Select the *one* best answer in the following questions.

5. The period which is most critical for healthy, undisturbed prenatal development is within:
   a. the first month.
   b. the first three months.
   c. the first six months.
   d. the total pregnancy.

6. The critical period during pregnancy is
   a. the time when pregnancy has not been determined.
   b. the time when emotions of the mother may affect the child.
   c. the most likely time that outside influences could negatively affect the developing baby.
   d. the time when miscarriage can happen.

7. A spontaneous abortion or miscarriage occurs because of
   a. mother's fears or emotions directed against the baby.
   b. physical causes such as a fall or extensive exercise.
   c. natural causes or early abnormality.
   d. *all* of the above.

Multiple Choice: In the statements below, place a check mark next to the correct answers.

8. Pregnant mothers in poor nutritional states tend to have:

_____ a. more frequent stillbirths.

_____ b. high incidence of premature births.

_____ c. more miscarriages.

_____ d. all of these.

9. Prenatal malnutrition, especially the lack of protein, has been shown to be associated with poor growth of:

_____ a. the brain.

_____ b. total weight.

_____ c. developmental abilities.

_____ d. all of above.

10. Most babies with Down's syndrome are born of mothers:

_____ a. between 25 and 30 years of age.

_____ b. between 30 and 40 years of age.

_____ c. over 45 years of age.

_____ d. between 18 and 25 years of age.

11. Which of the following is true about the effect of disease in the mother on the developing fetus?

_____ a. Any disease contracted by the mother will affect the child.

_____ b. Any disease contracted by the mother passes through the placenta to the child, but not all affect the child's development.

_____ c. Only some diseases pass through the placental barrier to affect the baby's growth.

_____ d. No diseases contracted by the mother may be passed on to the child during pregnancy.

12. Current opinion holds that prenatal development of the fetus is directly related to:

_____ a. maternal anxiety. _____ c. drug usage.

_____ b. maternal diet. _____ d. all of the above.

13. Prematurity has been correlated with:

_____ a. drug addiction. _____ c. abnormal fetal development.

_____ b. maternal malnutrition. _____ d. all of the above.

14. Diseases such as rubella have the most effect on the development of the fetus:

_____ a. during the first three months of prenatal development.

_____ b. while the mother is sleeping.

_____ c. during the last three months of prenatal development.

_____ d. anytime during prenatal development.

15. Discuss the effects of each of the following on development of the child during pregnancy.

a. Alcohol: ____

____

____

b. Cigarette smoking: ____

____

____

c. Narcotic drugs: ____

____

____

d. Radiation: ____

____

____

7 Understanding Pregnancy

Overview

A new age of knowledge and technical advances has transformed pregnancy and birth into a high probability of success. Parents can select from a variety of methods and situations for birth. These support them, so for many, birth is a peak experience. Medical monitoring and intervention often remedies possible complications of pregnancy, labor and delivery.

Prenatal health care is essential to identify and prevent many of these complications from arising. In addition to a home pregnancy test, a woman can recognize pregnancy through signs within her own body and compute her date of delivery.

The mother's body changes tremendously from the time of conception to birth. Each trimester carries its own physical as well as psychological changes.

The three stages of labor vary in timing and intensity, and with the culmination of this event, parenthood is also born. Both positive and negative reasons may influence the choice for parenthood. Whatever the reasons, parenting radically changes the lives of those involved.

Questions To Consider

1. Are common myths and beliefs about pregnancy valid? Why or why not?
2. Why is the first medical exam during pregnancy so thorough?
3. What can go wrong *without* the support of medical care during pregnancy?
4. Why is selection of medical personnel important to expectant parents?
5. Why do men and women choose parenthood?
6. What are the best characteristics for parenthood?

Vocabulary

Read these terms with their definitions before viewing the program.

Afterbirth The placenta and membranes which pass out of the uterus after the baby is born.

Anemia A condition of the blood in which there is either not enough hemoglobin or enough red blood cells.

Breech Birth When a baby is born feet or buttocks first.

Cervix Female passageway from the uterus to the vaginal canal.

Cesarean Section Delivery through a surgical incision into the mother's abdomen and uterus.

Episiotomy A small cut made in the vaginal entrance during the birth to allow the baby to be born without tearing the mother's skin.

Hormone One of the many chemicals produced by the endocrine glands causing physical or psychological changes.

Labor The period, at the birth of the baby, which is marked by regular contractions of the uterus, opening of the cervix, and changes in the birth canal.

Nurse-Midwife A graduate nurse with additional postgraduate study in obstetrics.

Trimester A period of three months; the first trimester of pregnancy would be the first three months of prenatal development.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Name three reasons why one should consult a physician before contemplating pregnancy.
2. Describe common symptoms and laboratory tests used to diagnose pregnancy.
3. Differentiate between obstetrician and nurse-midwife.
4. Identify three important considerations in the selection of a health care supervisor.
5. Explain the significance of the first visit to an obstetrician.
6. Use the formula provided to calculate the date of an expected childbirth.
7. Identify physical changes that occur each trimester during pregnancy.
8. Describe the three stages of labor.
9. Name three poor reasons for having a baby.
10. Define: episiotomy, breech birth, and Cesarean section.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Why should a woman consult a physician before contemplating pregnancy?

a. ____________________

b. ____________________

c. ____________________

2. Name three common signs of pregnancy.

a. ____________________

b. ____________________

c. ____________________

3. Read the following statements regarding the laboratory test for pregnancy discussed in the program and place a "T" if true or a "F" if false next to each.

_____a. While missing a menstrual period is sometimes an indication of pregnancy, the lab test is considered 100 percent proof.

_____b. The lab test discussed uses a blood sample to diagnose pregnancy.

_____c. Generally about a week or two is required to obtain the test results.

4. Describe the difference between a nurse-midwife and an obstetrician.

____

____

____

Multiple Choice: In items 5-8, place check marks next to the correct answers.

5. Which points are considered to be important in the selection of a health care supervisor during pregnancy?

_____a. Appears concerned about the patient.

_____b. Has similar views for an expectant parent on preparing for childbirth.

_____c. Has several children.

_____d. Lives within five minutes of the expectant parent.

_____e. Has a valid license for practicing medicine.

_____f. Seems to be competent and deserving of trust and respect.

6. Good sources for selecting a health care supervisor might include:

_____a. friends

_____b. local hospitals

_____c. medical associations

_____d. family doctor

7. The first examination during pregnancy usually:

_____a. is brief since nothing important has happened as far as the doctor is concerned.

_____b. includes a quick check of the ears, nose, and throat, much like a normal visit with a physician.

_____c. is very thorough and includes a medical history and complete physical examination.

_____d. deals primarily with a pelvic examination since the emphasis is on the prenatal stage of growth and development.

8. The formula for figuring the expected date of pregnancy is to add ________________ days to the date of the last menstrual cycle and count backwards ________________ months.

9. Mary just learned she is pregnant. Her last menstrual cycle started on May 8. When can she expect her baby to be born?

_____a. December 15

_____b. March 8

_____c. February 8

_____d. February 15

_____e. none of the above

Matching: Match the following physical and psychological changes that occur during pregnancy with the appropriate trimester. Place the letter corresponding to the correct answer in the blank beside each statement.

a. First trimester   b. Second trimester   c. Third trimester

10._____ Considered a critical period of development for the developing baby, since the vital structures and organs of the body are being formed.

11._____ Increased anxiety about welfare for self and baby.

12._____ Often considered the most peaceful trimester of pregnancy.

13._____ One-half of all pregnant women experience nausea (morning sickness) during this period.

14._____ Probably the greatest degree of emotional ups and downs due to a rapid rise in hormone level and adaptation to pregnancy.

15._____ Physical symptoms become obvious.

16._____ Baby's movements are first felt by the expectant mother and the doctor can listen to the fetal heartbeat.

17._____ Fetus weighs two pounds and can open and close its eyes.

18._____ Common complaints during this period include backaches, trouble sleeping, fatigue, and heartburn.

19._____ Thoughts during this period center on labor, delivery, and the baby itself.

Match the following definitions with the appropriate word on the right. Place the letter that corresponds with the word in the blank.

20._____ A doctor whose primary concern is management of pregnancy: labor, delivery, and postpartum care.

21._____ A graduate nurse with postgraduate study in obstetrics.

22._____ A baby born feet or buttocks first.

23._____ A small incision during childbirth to prevent tearing of tissues.

24._____ Delivery of baby the through a surgical incision into the mother's abdomen and uterus.

a. Breech baby
b. Obstetrician
c. Nurse-midwife
d. Episiotomy
e. Cesarean section

25. Describe briefly the three stages of labor.

a.______________________________________

b.______________________________________

c.______________________________________

26. State three poor reasons for having a baby.

a.______________________________________

b.______________________________________

c.______________________________________

8 The Neonate

Overview

Parents today can select from a varied menu prescribing the methods and circumstances of birth. Although the obstetrician may override the choice for medical reasons, these choices provide less birth trauma for the neonate, safe methods of delivery for infant and mother, and opportunity for an immediate relationship between parents and the neonate. In addition to the selections seen in this module, birthing centers offer a homelike atmosphere plus immediate access to modern technology.

The impact of a birth trauma can have lifelong effects. Monitoring labor, delivery, intervening through Cesarean, inducing labor, and the special handling of a premature infant are considered priority interventions to prevent birth trauma. A simple test immediately after birth alerts medical staff of survival needs in the moments after birth.

The neonate must make tremendous adjustments for life outside the womb and achieve homeostasis within. The abilities seen in the reflexes and already developed senses help bring about learning and first adaptations to the new world.

Individual preferences dictate the choice between breast and bottle-feeding. The baby's digestive system is more attuned to mother's milk and when there are health risks nature's supply can be beneficial. The decision has impact on mother, father, siblings and baby – and either can be satisfactory.

Questions To Consider

1. What are the benefits for expectant parents who select various methods of childbirth?
2. What are disadvantages of traditional birth in the delivery room with use of anesthetics?
3. Compare the medical advances that can prevent birth trauma between 50 years ago and now.
4. What abilities does the neonate have for learning?
5. Would you support the choice of bottle or breast feeding? Why?

Vocabulary

Read these terms with their definitions before viewing the program.

Apgar Scale A screening device used to evaluate the neonate one minute after delivery and again five minutes after delivery so that any problems can be immediately detected. Examines color, heart rate, reflex, muscle tone, and respiration.

Birth Trauma Complications occurring during or right after birth such as loss of oxygen, neonatal diseases infections, and mechanical injuries.

Home Birth Delivery The practice of experiencing childbirth in the home rather than in the hospital.

Homeostasis Achieving physiological stability of temperature and chemical composition.

LaMaze Prepared Childbirth Preparatory classes for teaching knowledge of childbirth and active participation by mother and a coach.

Leboyer Method Change of delivery procedures to a nonviolent, gentle process.

Midwifery The act of assisting in childbirth, carried out by one who is not a doctor but has special training in this skill.

Neonate The term used to denote the newly born infant in the first four weeks of life.

Premature Babies A baby who is born too soon, weighing 5-1/2 pounds or less with a gestational period of less than 37 weeks.

Prone Position The position of lying with the front of the body turned downward toward the supporting surface.

Reflexive Behaviors Inborn, automatic responses to environmental stimuli.

Rooming In An arrangement after the birth of a baby in which the baby is placed in the hospital room with the mother, and the mother attends to the infant's needs.

Traditional Birth In labor and delivery rooms with methods to hurry delivery and minimize pain.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Define the neonate.
2. Write a definition of the four alternatives of childbirth care.
3. Name three ways in which hospitals are providing alternatives for the birth experience.
4. Define the Apgar Scale.
5. Describe appearance, size and proportion of the neonate.
6. List three types of birth trauma.
7. Describe homeostasis, and five changes in regulatory processes at birth.
8. Identify eight reflex behaviors with which the infant is born.
9. Identify the sensory capabilities of newborns.
10. State five issues to consider when deciding to breast- or bottle-feed the neonate.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Write a definition of the neonate. ______________________________

____

2. Name and define four alternatives of childbirth care.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

3. Three alternatives that some hospitals now provide to parents during and after the birth process.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

4. The Apgar Scale is______________________________

____

____

5. Name the three types of birth trauma.

a. ______________________________

b. ______________________________

c. ______________________________

6. a. The average neonate looks like: ______________________________

____

____

b. and body proportions are:______________________________

____

____

c. also height and weight are:______________________________

____

7. Define homeostasis.______________________________

____

____

8. Describe the five changes in regulatory processes of the neonate.

   a. Breathing: ____________________

   b. Circulation: ____________________

   c. Digestion: ____________________

   d. Temperature: ____________________

   e. Sleeping: ____________________

9. There are at least eight reflex behaviors with which the infant is born. Identify each reflex below by matching the behavior in column I with the appropriate description in column II. Each reflex behavior is used only once.

I

a. Rooting
b. Sucking
c. Swimming
d. Withdrawal
e. Grasping
f. Babinski
g. Moro
h. Walking

II

_____ 1. The baby makes a strong fist and clings to an object in the palm.
_____ 2. The newborn turns its head to the side when the cheek is touched.
_____ 3. The baby shows well-coordinated, involuntary swimming movements.
_____ 4. The newborn throws out the arms and legs, then brings them together.
_____ 5. The baby makes steplike motions when bare feet touch a flat surface.
_____ 6. The neonate's toes fan and the foot turns in when the sole of the baby's foot is stroked.
_____ 7. When the sole of the foot is stimulated, there is a jerking away of the legs.
_____ 8. Once the mouth finds the source of food, the newborn begins this activity.

10. Identify the sensory capabilities of the newborn by circling the statements below which best describe these capabilities.

a. The newborn has the ability to discriminate among odors.
b. The neonate does not react to pain, heat, cold, or touch.
c. The newborn can tell the difference between sounds.
d. The newborn has an innate sense of depth perception.
e. The neonate can distinguish between certain kinds of tastes.
f. The newborn can perform sophisticated visual activities like scanning.

11. State five issues related to breast- and bottle-feeding the neonate.

a. ____________________
b. ____________________
c. ____________________
d. ____________________
e. ____________________

9 Infancy: Landmarks of Development

Overview

Major landmarks in locomotion and fine motor skills are realized in the first year. Accomplishment of these physical abilities fall within the general principles of direction and sequence. This timing is inherent in the child's own timetable, and are also influenced by variables of nutrition, health care, opportunities for practice, and cultural patterns. Age norms are helpful for informational and comparative value, but only provide guidelines, not definitive measures of these landmarks.

Basic processes of eating and sleeping advance and become regulated in the first year. Babies begin taking in solid food, feeding themselves at times, and making their own choices obvious. These basic processes settle into a predictable schedule that will continue to be revised as needs change.

Questions To Consider

1. Why do some babies skip learning to crawl before walking?
2. How would the practice of holding the young infant in a standing position affect the timing of walking?
3. What would you explain to a parent whose baby is not walking at thirteen months?
4. How would an early grasping and holding ability affect the child's learning?
5. What influences landmarks of development?

Vocabulary

Read these terms with their definitions before viewing the program.

Crawling Means of locomotion in which the infant moves on all fours.
Landmarks Newly acquired skills and competencies achieved by infants as they grow and develop.
Locomotion Action of moving from place to place.
Milestones Achievements in physical growth.
Norms Average ages for appearance of developmental landmarks.
Sequence Orderly steps of occurance.
Visually Guided Reach The ability to keep an eye on an object and reach for it directly.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Arrange in correct sequence landmarks of the development of locomotion.
2. Arrange in correct sequence landmarks of the development of the visually guided reach and grasp.
3. Illustrate the following principles of development with examples:
    - head-to-tail direction of growth
    - mid-line to extremity direction of growth
    - general to specific
    - simple to complex
    - variation in rate, but not sequence, of development.
4. List factors that influence rate of development.
5. List three milestones in physical growth during the first year.
6. Identify changes in eating and sleeping patterns during the first year.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Arrange the following landmarks of the development of locomotion in the correct sequence by placing the number in the space below.

creeping	walking	lifting head	rolling front to back	lifting chest	standing alone	sitting alone
a.____	b.____	c.____	d.____	e.____	f.____	g.____

2. Number in sequence the following landmarks of the development of the grasp and the visually guided reach.

_____ a. Tracks objects.	_____ d. Throws objects
_____ b. Reaches and grasps object directly	_____ e. Uses whole hand grasp
_____ c. Arms stretch in general direction of the object	_____ f. Uses thumb and forefinger together

3. Explain how head-to-tail direction of growth is seen in the development of locomotion.

____

____

4. Explain how midline to extremity direction of growth is seen in the development of visually guided reach.

____

____

5. Give an example of each principle of development.

a. General to specific: ______________________________

____

____

b. Simple to complex: ______________________________

____

____

6. Using a landmark of development, explain the principle that development varies in rate but the sequence remains the same.

____

____

7. Select the following factors that influence rate of accomplishing physical landmarks of development.

_____ a. Health

_____ b. Maturational time table

_____ c. Physical appearance

_____ d. Culture

_____ e. Opportunity to practice

_____ f. Economic stability of family

_____ g. Parent-child interaction

8. List three milestones of physical growth in infancy.

a. ____________________

b. ____________________

c. ____________________

9. Select expected changes in eating and sleeping patterns in the first year.

_____ a. Infant completes being weaned from breast or bottle.

_____ b. Infant eats solid food.

_____ c. Infant feeds self.

_____ d. Infant uses spoon and fork to eat.

_____ e. Infant sleeps through night.

_____ f. Infant does not nap during the day.

10

Infancy: Beginnings in Cognition and Language

Overview

The young infant uses both sensory and perceptive capabilities for early learning. These and innate reflexes are utilized to embark in discovering the world. The child continues learning by adapting new skills of looking, mouthing, handling and manipulating objects. Other means of acting with people and objects around the child soon come into play. By first birthday the child uses a wide variety of actions to satisfy an unleashed curiosity. We see these in terms of stages within the sensorimotor period.

The foundations of language the child will soon master and use has its base in the words and gestures within interactions with parents. The infant has the ability to listen and gradually understand the sounds, meaning and rule system inherent in language. Within the first year the infant both understands words and phrases and begins to speak his first words.

The parents role in the learning process is a natural one – playing, interacting and caring for their baby. No extra programming is necessary for a happy, learning and communicative baby.

Questions To Consider

1. Why are sensory capabilities so well developed at birth?
2. How does learning change from birth to one year?
3. Why does an infant cry when a parent goes away after he is eight months of age?
4. What is the parent's role in the infant's learning?
5. How does the baby learn the language heard?
6. Why can't television teach a baby language?

Vocabulary

Read these terms with their definitions before viewing the program.

Baby Talk A particular way people talk to infants.
Holophrase A one-word phrase intended by the speaker to carry a complete thought.
Language System The sounds, words, rules and meaning of language.
Object Permanence The knowledge that objects and people continue to exist when no longer seen.
Perception Process of taking in signals from the senses and understanding them.
Schema An organized pattern of perception or action.
Sensorimotor Intelligence First stage of cognitive development where a child relies on senses and motor activities to learn.
Symbols A representation of an object through language, pictures, actions or print.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Describe perception and the early sensory capabilities in infancy.
2. Define sensorimotor intelligence, assimilation, accommodation, schema, and object permanence.
3. Identify the six substages of sensorimotor intelligence.
4. Describe the gradual development of object permanence.
5. Place, in sequence, six stages of language development in infancy.
6. Describe ways parents provide for language learning in the first year.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

Select the one best answer for questions 1 and 2.

1. Perception is
   a. seeing and hearing
   b. both taking in from the senses and making sense of them.
   c. understanding the meaning of another's behavior.
   d. using most of the five senses.

2. Early in infancy the senses are
   a. all actively used because they functioned before birth.
   b. beginning to be activated.
   c. developed and used fully.
   d. mature as adult senses.

3. Select the correct term for each definition:

accommodation
assimilation
object permanence
schema
sensorimotor intelligence
symbol

________________________ a. An organized way of thinking or behaving.

________________________ b. Uses of actions and sensory perceptions to learn about the world.

________________________ c. The process of reshaping new experiences to fit accustomed ways of behaving.

________________________ d. The process of rearranging existing patterns of behavior to incorporate new knowledge.

________________________ e. The knowledge that an object continues to exist when no longer perceived through the senses.

4. Match the description with the substage in sensorimotor development.
   Stage 1 - Reflex Behavior
   Stage 2 - Repetitive Actions
   Stage 3 - Actions with People and Objects
   Stage 4 - Goal Directed Action
   Stage 5 - Experimentation
   Stage 6 - Symbolic Representation

______________________________ a. Child thinks of an action before doing it.

______________________________ b. Child uses simple inborn schemas.

______________________________ c. Child repeats enjoyable actions with a parent.

______________________________ d. Child becomes a little scientist.

______________________________ e. Child selects which actions to take with an object.

______________________________ f. Child puts together two separate actions.

5. Describe the baby's development of object permanence in the first two years.

____

____

____

6. Place in order the following stages of language development by placing the number in the space below.

Imitation	Cooing	First True Words	Crying	Understanding Words	Babbling
a.____	b.____	c.____	d.____	e.____	f.____

7. Describe the following ways parents provide the means for language learning.

   a. Changing speaking style: ____

   ____

   ____

   b. Roles of communication: ____

   ____

   ____

   c. Providing sounds and words: ____

   ____

   ____

Infant Observation: Problem Solving

Observe Maurice (11 months) solve the problem of how to get down the step in his home. Writing the action in detail helps in seeing and understanding behavior. Write what you see him doing including the details of his attempts and accomplishments in stepping down.

Answer the following questions:

1. How does he become aware of the problem?
2. What does he do when he knows he can't step down?
3. What gets his attention?
4. What skills does he use to solve the problem?
5. How does he feel about succeeding?
6. How does the success change his approach the next time?
7. What stage of sensorimotor thinking is shown in this scene?

11 Infancy: Early Relationships

Overview

The essential base of trust develops in the early relationship of love and nurturing, holding and stroking, nourishment and care. This positive foundation of basic trust affects relationships throughout life and the mastery of basic life tasks.

The baby is born with distinct temperament which affects how he relates to the parent, and, in turn, how the parent relates tothe infant. There is mutuality of both as each responds to the other.

Early in the first days bonding paves the way to later attachment which is the first significant relationship of the infant to another person. About the time the infant recognizes the parent as the most preferred, other behaviors emerge – fear of strangers and fear of losing the parent. These healthy reactions show the infant both recognizes and wants the parent over others.

What is the result of lack of caring and love? Extreme cases where a consistent mothering figure is non-existent, or is incapable of providing basic care, can cause growth failure manifested in slowed growth and development, social and emotional maladaptation. The kind of care from institutions has been revamped but this can still occur in homes.

Because of the choice or need for parents to work outside the home another form of child care is often sought. From the many options that may be available, careful choice is essential. The person selected must be a warm nurturant and consistent caregiver.

Questions To Consider

1. What are the essentials of caregiving that develop trust in the infant?
2. What is the source of temperament in a new baby?
3. What can the parent do when the child's temperament is hard to take?
4. How does the young baby adapt to separation at different ages?
5. What can the adult *do* when the baby develops stranger and separation anxiety?
6. How can conditions of growth failure be reversed?
7. What are particular concerns for child care during infancy?

Vocabulary

Read these terms with their definitions before viewing the program.

Attachment An affectional tie between two people with a consistent desire for contact and closeness.

Bonding First feelings of attachment, or caring for each other, sometimes experienced right after birth.

Caregiver Any person including parents who provide care for the child over extended periods of time.

Growth Failure Lagging growth, and development a and emotional withdrawal or disturbance seen when child lacks a consistent caring relationship with a significant other.

Mistrust Feelings of fear and insecurity when basic needs are not met consistently.

Multiple Attachments The infants attachment to more than one caregiver.

Mutuality A pattern of interaction between two people where each affects the other.

Nanny A person, sometimes professionally trained who cares for the child in child's own home.

Separation Anxiety About nine months, the infant is fearful of parent leaving.

Stranger Anxiety About eight months after attachment, the infant reacts with distress to unfamiliar people.

Temperament Behavioral style unique to each individual.

Trust A feeling of being cared for, feeling secure and that the world is a safe secure place.

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Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Discuss how the early handling and caring for the infant will establish a) basic trust or b) basic mistrust.
2. Identify different parental responses to specific physical traits.
3. Define the following terms: a) mutuality, b) bonding, c) attachment, d) stranger anxiety, e) growth failure.
4. Discuss the gradual development of attachment between mother and child.
5. Discuss the results of positive attachment.
6. Identify behaviors of stranger anxiety and separation anxiety.
7. Discuss the characteristics of growth failure.
8. List the choices available for child care of infants and considerations for the selection of a caregiver.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. How is the sense of basic trust established in handling the infant?

2. How can the sense of mistrust be established?

Select the one best answer.

3. The parent may respond to the physical appearance of the infant by

   a. warm acceptance.
   b. toleration.
   c. rejection.
   d. all of the above.

4. The child born with a physical handicap may be

   a. rejected.
   b. overprotected.
   c. talked to more.
   d. both a and b.
   e. all of the above.

5. A boy or girl baby may be accepted into the family differently because

   a. culture may prefer boys over girls.
   b. the family may already have children of the same sex.
   c. girls are more petite and delicate.
   d. a and b only.
   e. all of the above.

6. Match the term with the corresponding definition.

_____a. mutuality
_____b. bonding
_____c. attachment
_____d. separation anxiety
_____e. stranger anxiety

1. Beginning sense of love and affection between parent and baby.
2. Interaction pattern between parent and child.
3. A passionate exclusive bond between parent and child.
4. Fear and wariness of strangers.
5. Fear of loss or separation from parent.

7. Discuss the gradual process of attachment between mother and child.

____

____

____

8. Children who have a strong positive attachment are ______________________________

____

____

Select the one best answer for 9 and 10.

9. Stranger anxiety is

a. seeing an absent parent as a stranger.
b. wanting to know the new person.
c. crying or being wary when a stranger approaches the child.
d. crying with distress when the mother leaves.

10. Separation anxiety is

a. fear of loosing parent.
b. fear as the result of seeing a stranger.
c. turning away from a stranger so there is no eye contact.
d. fear that the parent will give the child to a stranger.

11. List characteristics of growth failure with loss or inadequate care.

a. ______________________________
b. ______________________________
c. ______________________________

12. List three types of child care available for infants.

a. ______________________________
b. ______________________________
c. ______________________________

13. List three important considerations in selecting a caregiver for an infant.

a. ______________________________
b. ______________________________
c. ______________________________

A Look at the Attachment Process

Janet Gonzalez-Mena

Babies are born with a set of behaviors that demand the adults around them pay attention to their physical needs. And while they are getting those needs met they are also creating a relationship. Those same commanding behaviors, plus some endearing ones, promote attachment.

Here's how it works: The hungry newborn screams his lungs out. The sound is compelling. The adult comes running with breast or bottle to pop into the groping, gaping cavity. Furious sucking follows and the adult sits alert holding the baby until gradually the sucking loses its frantic quality. In response the adult relaxes a bit too. A groping little hand clamps around the adult's finger. The adult's face shows pleasure. The baby stops sucking and looks into the adult's eyes. The adult smiles. She readjusts the nipple and the baby closes her eyes and starts sucking again. The two are creating a chain of reciprocal responses in reaction to each other.

In this case the baby initiated the response chain. Sometimes it is the adult who begins the chain. For example, a baby is lying on her back, quietly awake, eyes out of focus. An adult face appears in view. The baby's eyes lock on to the eyes of the adult, focusing automatically like the lens of a sophisticated camcorder. The adult smiles. The baby wiggles arms and legs. The adult speaks. The baby smiles. The adult speaks again. The baby reaches out and touches her lips with her fingers. The adult leans over and kisses the baby on the cheek.

These kinds of little scenes happen over and over in a baby's life as she relates to adults. It may be just one adult with whom she establishes a relationship, or it may be several, either way attachment grows from the kinds of interactions above.

As the baby attaches to this adult or these adults, she comes to show preference for them. The attachment has finally become visible, though the process itself began long before.

Sometimes there are no responsive adults in the child's life. For example, take a newborn who arrives primed for relationships. This baby, like the one above, has what it takes to attract adults to him. But if he finds an insensitive environment at birth, and if no one carries on reciprocal interactions with him, his attachment behaviors won't work.

When he cries, no one comes. Although the bottle or breast arrives regularly, it almost never comes when the baby first starts crying. The baby looks, but nobody looks back. Physical care is given in a cold and impersonal way. Physical touch is both insensitive and unrelated to the baby's own initiations or responses. There are no chain reactions.

A baby who spends much of his early life in this kind of situation will have a harder time attaching – finding someone he cares about and feeling that someone cares about him.

The behaviors that are designed to draw people to him are useless, so they begin to fade. In extreme cases he stops smiling, he even quits crying. If a responsive adult does finally come along, one who is sensitive to the baby, attachment may no longer automatically happen. Once the attachment behaviors disappear, the adult will have to work at getting this baby to enter into a reaction chain. It can be done, but it is no longer an easy, automatic process.

The purpose of attachment is to insure survival of the individual and of the species. In most cases it's a built-in process. Until several decades ago, few talked about attachment – it just happened. But, as child development research has gotten more and more sophisticated, the process has been brought to light and named, which has been very useful in those few, but growing numbers of cases where attachment is nonexistent or interrupted for a variety of reasons.

One of the results of attachment studies is to show how extremely important this natural (but nearly invisible) process is. Attachment is vital not only to life itself, but also to the quality of that life. Healthy development in all its aspects – physical, social, emotional, and intellectual – depends on attachment.

12 Infancy: Self and Social World

Overview

A significant base for the foundation of self in the social world is laid in the first year. Emotions, drawn primarily from inner, then outer states are quite distinguishable very early. The infant senses itself as an integral part of the mother in the first months. Gradually he/she gains the knowledge of being a separate person and activates this by both choosing to stay by the mother's side and move away from her to explore.

The early interactions between parent and child is likened to a dance with carefully orchestrated interactions on both sides. Both partners learn from each other. Sometimes the parents miss the baby's cues early on and need to find out how to rectify the misstep. The baby learns what is wanted and not wanted by the parent. At first the relationship includes parents only, but by six months the infant can include siblings and other constant adult caretakers.

Differing cultural belief systems have an impact on the family and subsequently on the development of the child. The emerging personality of the child also interfaces and affects the world that knows him/her.

Questions To Consider

1. What is known about infants' expression of emotion?
2. What is the difference between early and later crying?
3. What is the belief of the infant in early months of synchrony? In later months of separation-individuation?
4. What actions and play help the baby understand itself as a separate being?
5. In the dance or interplay between parent and child, what is the baby's part? the parent's part?

Vocabulary

Read these terms with their definitions before viewing the program.

Caregiver A person including parents who provide care for child over extended periods of time.
Disgust Expression of extreme dislike.
Distress Expression of discomfort usually through crying.
Nurture Caring, loving support provided for the infant.
Self-Awareness A growing awareness of what is "me" as separate and independent of others.
Separation-Individuation Psychological process of knowing sense of self separate from mother and defining self as an individual.
Symbiosis An early sense of oneness with the mother, not knowing self as separate.
Synchrony A closely coordinated interaction between parent and infant, often described as a choreographed dance between the two.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Identify seven emotions seen in infancy.
2. Describe symbiosis, separation-individuation, self-awareness, and synchrony.
3. Identify appropriate adult responses to missed cues, crying, anger and unwanted behavior.
4. Identify the infant's social awareness of other infants, older siblings and other adults.
5. Explain the relationship of culture, family and individual differences of the child.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Place a check next to those emotions seen in the first year.

_____a. distress
_____b. disgust
_____c. interest
_____d. concern
_____e. joy
_____f. anxiety
_____g. anger
_____h. sadness
_____i. fear
_____j. guilt

2. Early symbiosis with mother and later separation-individuation from her are totally different orientations. Describe the infant's understanding of self in each stage.

a. Symbiosis ______________________________

____

____

b. Separation-individuation ______________________________

____

____

3. Describe one way the infant shows self-awareness. ______________________________

____

____

4. Describe the synchrony of the dance between parent and infant. ______________________________

____

____

5. In the parent-infant interaction when the parent misses the baby's cues the parent can
   a. give signals to reestablish synchrony.
   b. use it as an opportunity to learn from the baby.
   c. increase the intensity of the interaction.
   d. all or any of the above

6. When parents are responsive to the baby's cries the baby gradually learns to
   a. cry more.
   b. use gestures and words to get what she wants.
   c. have no influence on the parents.
   d. get whatever she wants.

7. The parent conveys the message to the baby that a behavior is not accepted by
   a. laughingly telling the baby no.
   b. responding quickly with a sharp clear warning.
   c. changes in body movement, words and gestures in a consistent manner.
   d. giving an occasional quick slap to show the parent's intent.

8. An appropriate adult response to a baby's angry outburst is to
   a. use calm reassuring words while continuing the task.
   b. respond quickly and roughly to get the task done.
   c. tell the baby you know he doesn't like it and discontinue with the task at the time.
   d. plan a game with the baby next time to make the task fun.

9. After six months of age a baby
   a. treats another infant as an object of curiosity.
   b. ignores older siblings.
   c. accepts consistent caregivers in addition to parents.
   d. both a and c.
   e. all of the above.

10. Select the correct responses to complete the following statements.

____________________ has influence on family relationships, interactions and feelings expressed;

____________________ interact with this influence.

   a. Child's individual differences . . . culture expectations.
   b. Culture . . . child's individual differences.
   c. Each parent . . . cultural expectations.
   d. Cultural expectations . . . parents.

Cultural Differences

Janet Gonzalez-Mena

The idea that a baby is an individual and that he or she must come to see "self" as separate from "other" is a cultural concept. Not all cultures hold this same view of the baby.

The baby comes into the world without being able to differentiate him or herself from the mother or caregiver. The newborn and the universe are one. In a culture that regards the "self" as important, the job of the adults is to help babies see themselves as separate beings. The direction of growth is from dependence to independence.

On the other hand some cultures see this interrelatedness as not only a fact, but a goal – something to hold on to. They promote connectedness rather than teaching the babies that they are not a part of the people around them. Adults in these cultures worry about the little ways that babies show their independence tendencies. They don't celebrate those tendencies – they try to get rid of them. At the same time they teach babies that they are social beings – a part of something bigger than they are – something from which they must never regard themselves as separate.

Whereas American mainstream culture holds individuation and independence as major goals, other cultures hold dependence and interrelatedness as top priorities. That means in those cultures such skills as early self feeding may be deemphasized.

In all cultures children learn to feed themselves, but the difference in focus influences the timing. In American mainstream culture children are given a spoon, or finger food as soon as they indicate an interest in self feeding, which often occurs before the first birthday. In a culture that stresses mutual dependence and interrelatedness, the child is fed far longer because there is no hurry toward independence, and besides, consideration for others and manners take precedence.

The baby in the independent culture is tolerated, perhaps even encouraged as he smears food on himself and flings it around the table in his efforts to feed himself. In contrast, members of a culture which values interdependence frown upon a child disrupting the meal in this way. They are more likely to feed the baby until he is able to neatly and skillfully handle the utensils of his culture.

Expression of feelings is another area of cultural difference. In the American mainstream culture where the focus is on the individual, it is regarded as important to learn to express feelings, such as anger, for example. People of this culture have the view of the individual as a pressure cooker full of emotions. When the heat is on the feelings build up creating a tremendous force. The steam must be allowed to escape or it causes damage. Even babies are encouraged to learn the process of self expression.

In cultures where the group is emphasized over the individual, feelings are handled in other ways. Group harmony is valued over individual expression of feelings, and members learn how to deal with emotional build up in ways that allow them to be healthy as well as keep the group from being damaged by the expression of individual inner turmoils.

Response to baby's crying points up this difference in attitude toward individual expression of feelings. In one culture crying may be allowed, tolerated, even encouraged because it is seen as communication, an expression of needs, a way of showing feelings. In another culture crying is something that must be eliminated because it disrupts the peace of the household. So one family may say to the crying baby who is inconsolable, "Yes, I see how upset you are, go ahead and cry." While another family may continue to soothe, stroke, walk, jiggle, pacify or do whatever they can to quiet the baby and keep the peace.

Of course all cultures must produce people who are capable individuals that can cope with feelings and can get along with one another. It's not a case of one absolute – individualism versus another absolute – group embeddedness. It's more a matter of balance. One culture emphasizes separateness – sees relationships after childhood as a choice and expects people to break them off when they don't work anymore. Even the parent-child relationship is expected to change drastically as the infant eventually grows into an adult who moves out of the family to establish his or her own life. People of this culture raise their children with this view of separateness in mind from the beginning.

Other cultures focus on embeddedness rather than separateness. They raise their children to become adults who find ways to meet their own needs, express their feelings, and work out problems *within the relationships* they find themselves in. Even when the relationships pinch, they are expected to remain, because relationships are viewed as permanent. Regarding the individual as part of a greater whole influences the way children in these cultures are raised, starting from infancy.

13 Early Child Care and Education

Overview

As choices for early child care and education increase so does the concern for quality programs for young children. Whether a half-day program in a nursery school or Headstart, or full day care in a child care center or family day care home we are concerned that the child receives the kind of care that best achieves growth and learning at his level of development.

For infants, toddlers and preschoolers, the programming is unique for each age. The quality is seen in teachers, classroom environment and curriculum. Research has shown that the more professional training obtained by the teacher, the better the quality of the program. A rich and varied environment and curriculum that is planned for the particular age group reflects quality in programming for young children.

The demands of providing high quality care for young children are difficult to meet because of the burden of high cost. Families selecting the care cannot support the cost of this kind of care alone. Salaries for those who teach are unbearably low. This affects the ability to obtain and retain the professionals needed to provide the quality care.

Child abuse is a priority concern for all who work with young children. Concerns emphasize recognizing its occurrence, intervening to help children and parents and, in the long term, working to prevent abuse.

Questions To Consider

1. What makes the difference between a high and low quality program for young children?
2. Why is there an increased need for child care today?
3. What is the difference in a preschool child learning at home or in a preschool setting?
4. What differences are seen between infant, toddler and preschool programming in child care?
5. How can child abuse be prevented?
6. How can we offer quality child care when costs of quality are so high?

Vocabulary

Read these terms with their definitions before viewing the program.

Accreditation A voluntary evaluation procedure identifying high quality early childhood centers.
Child abuse Physical maltreatment of a child.
Curriculum The planned materials and activities in a preschool program.
Day care Care for young children during the day when parents are working.
Developmentally appropriate Program planning that takes into consideration the abilities of children according to age and individual differences.
Enrichment programs Preschool programs intended to provide extended learning experiences beyond the home.
Environment The classroom setting including atmosphere, equipment materials and arrangement.
Family day care home A program where children are cared for in the home of someone not related to them for all or part of the day.
Head Start A compensatory education program set up in 1965 for pre school children.
Interest areas Areas of the preschool classroom set up for a particular kind of play and/or learning experience.
Nanny A home professional who cares for a child in the child's own home.
Self-esteem A judgment of one's own abilities.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. List choices in child care and education for young children today.
2. Discuss ways education and child care programs are alike and different.
3. Describe characteristics of quality preschool programs found in teachers, environment and curriculum.
4. Discuss factors in the occurrence of child abuse and issues for professionals involved with children and families.
5. Discuss each of the following issues in child care today: increased need for child care, more funding to cover high costs of quality care, monitoring child care programs to ensure quality.

Self-Test
After studying the objectives and watching the video take the self-test to check your progress.

1. List five choices available in child care and education for young children today.

a.______________________________

b.______________________________

c.______________________________

d.______________________________

e.______________________________

2. How are education (half-day) and child care (full day) programs alike? How are they different?

____

____

____

____

____

3. List four characteristics of teachers in quality preschool programs.

a.____

b.____

c.____

d.____

4. Select the following examples that can be seen in the curriculum of a quality preschool program.

_____ a. The children listen to the various activities planned before selecting what they want.

_____ b. The teacher plans the play activities for each child.

_____ c. A child can choose to look at a book by herself instead of joining the group to hear a story.

_____ d. All the children are given markers and paper to draw their favorite person in the creative art period.

_____ e. The curriculum of the two-year-old includes pouring water and pounding clay; the curriculum of the five-year-old includes planting beans and measuring the growth of the plants.

Fill in the blanks with the correction terms:

5. A good preschool program has a variety in

a.__________________ attention and __________________ activities,

b.__________________ play and __________________ initiated activities,

c.__________________ and __________________ time periods,

d. indoor and __________________ play.

6. The environment of a good quality preschool has

a. __________________ teacher interaction for verbal stimulation,

b. furniture and equipment is __________________ and ____________________.

c. the setting reflects __________________ and is ______________________________________.

7. List four interest areas found in a preschool classroom.

a.________________________________

b.________________________________

c.________________________________

d.________________________________

8. Select four guidelines for maintaining safety and good health in a preschool program:

_____a. provide a variety of materials.

_____b. protect children from harm.

_____c. use sanitary practices.

_____d. require children to eat complete meals.

_____e. teach health and nutrition to children.

_____f. recognize and report child abuse.

9. List four factors that can cause child abuse.

a.________________________________

b.________________________________

c.________________________________

d.________________________________

10. State a current issue in child care for each of the following topics:

a. Increased need for child care: ____

____

____

b. More funding to cover high costs of quality care: ______________________________

____

____

c. Monitoring child care programs to ensure quality: ______________________________

____

____

Someone Must Care

Alice Giordano

Parenting is one of the most important and challenging roles anyone can play – and perhaps the one for which we are least prepared.

Good parenting does not come from just providing designer clothes and fancy educational toys. Good parenting comes from giving and and showing your children love and nurturing; responsibility and commitment; maturity and honesty; openness and intimacy; guidance and security; along with warmth, generosity, and respect.

From the time of birth, babies are dependent on adults to meet all physical, intellectual, emotional and social needs. Throughout the first year of life, babies learn that mothers and fathers who are consistently available and responsive to their needs can be depended upon. And so, babies learn to trust their parents and develop a secure attachment to them.

Today, many parents are trying to strike a healthy balance between their career ambitions and their desire to nurture their children. Mothers who leave the paid work force to raise their children at home often struggle with feelings of isolation and loss of identity. In America, many people define their identity with their job. In some families, fathers have made the conscious choice to be involved in their children's lives as primary caregivers. We need to be supportive of those who choose to be full-time parents as well as parents who choose to have dual careers.

All children, whether from dual career, single parent households or from traditional families deserve high quality care. One of the best kept secrets in America is the immense challenge that exists when providing quality care for children, especially for infant care.

Infant care occurs in a number of different settings – in and out of the child's own home, by relatives and non-relatives, for a widely varying length of time each day or night. Outcomes for the infant and family will differ depending upon whether the babies are in substitute care for a few hours or for more than 40 hours a week. The great majority of children under care in this country are not in child care centers, though the numbers in center-based care are increasing. Currently, most children in structured child care are in family day care homes. These homes are usually run by mothers who have opened up their homes to several children, including their own. According to the Children's Foundation (1988), family day care homes provided care for more than 70% of infants in child care. This number is declining as more child care centers add infant care programs.

The people who offer the care to the baby are, in the final analysis the heart of the matter of quality. Infants need consistency of care. As stated before, this enables them to feel secure and grow toward a healthy being. One of the current challenges in both family day care homes and center-based care is the lack of stability. The provider turnover rate is 50% annually.

For the most part family day care providers are not professionally trained and child care workers often have college degrees but not necessarily in child development or early childhood education. A high correlation exists between the amount of training providers receive and the quality of the care provided.

Quality control of day care centers and family day care homes is an important national concern. The lack of a national standard and poor surveillance of programs in some states allow serious differences to exist in the quality of care from state to state. The average national standard of care for centers and family day care homes is of disturbingly low quality. Often this low quality is due to an impossible number of infants to care for per adult. Some states permit one adult to care for 6-8 infants, other states, approve of one adult to four infants. All of these ratios are ridiculous and no one person can provide high quality care for these babies hour after hour, day after day. Add to these long hours, low pay, few, if any, benefits and all too often the expectation that the worker will also clean the environment (scrub floors and clean the lavatory), and one can begin to understand the 50% turnover rate of care providers.

What are parents to do? What is best for the baby? As for the question of the impact of various substitute care situations on infants, the amount of directly relevant evidence is very slim. Baelsky and Steinberg (1978) White and Mayerhoff (1984) state they have come to the conclusion that "the central ingredient in any recipe for a healthy start in life features large amounts of human contact, especially in the first few years of life. In the first six months, an adult's primary parenting role is in establishing a sense of interpersonal security in a baby. From six months to about two years, the responsibility of the adult becomes much more complicated in that she or he is the facilitator of several major developments in the child, including language, motor mastery, and exploration, which together underlie lifelong competence and happiness. Personality development hinges upon the quality of the human relationship during that two-year period. We have further concluded that there is a special advantage shared by parents and grandparents more than anyone else with respect to those functions. It is a simple reality that, on the whole the people who care the most for babies will deliver attention, responsiveness, and input to a child more generously and more effectively than most other people. It is for this reason that our basic message to all who would consider extensive substitute care for infants is to try to keep it to a minimum during the first two years of life, especially during the child's first six months."

Some parents have no choice, then what? Certainly one thing a parent must do is interview the person who will care for their infant. How long has the person cared for infants? What is their philosophy regarding discipline? What knowledge do they have about infants? Did they gain this knowledge through study? through experience? Observe this person as they care for infants. Does the person appear to be warm, interested, intelligent, verbal, patient, enthusiastic?

At best, parents need to be careful about transferring the responsibility for raising an infant to someone else. Someone must truly care.

Changing the Legacy of Child Abuse

Arleen Prairie

A legacy of physical abuse of children continues to burden modern society. In the United States alone over 1 million abuse cases of children under the age of 14 are reported each year. This is a phenomenon that the public is well aware of, but that society has yet to effectively prevent.

Even though there are various factors, an overriding focus has been on early childhood experiences of the parents. While history of the parent being abused themselves is well known, this may be present in as few as 25 to 35% of the cases. More significantly, the total picture of family violence and neglect indicate higher rates of the abuse that follows from one generation to another. If, as children, they were observers of either parent striking the other, the rate of abuse towards their own children was higher.

When as a child the parent did not receive the parenting that was needed, those needs remain unchanged in the adult parent. John Bowlby sees the abusive mother as the person with strong dependency needs yet distrustful and unable to make close relationships. Socially isolated they may seek the care they search for from their own child.

Thus we have a more global picture. There may well be, as Ruth S. Kempe states, "significant developmental damage . . . when there are sustained difficulties on parenting characterized by lack of attachment, unavailability of the parents, verbal abuse, sexual exploitation, and neglect of the child's need for attention and social response."

These factors described do not stand alone, but the current influences of society and circumstances of the family are more likely to occur in combination with the maladaptive history of the abusing parent.

The path to prevention of physical abuse is difficult because the maladaptive childhood history cannot be altered in the present generation. Psychotherapy is one positive approach, but it is long term intervention and the effects are slow. Other preventative programs provide ways to strengthen families with young children, thus working to eliminate abuse before its onset.

One approach is through education. Although education in parenting cannot prevent abuse (which has a psychological base) it can help parents to think through what they want for their children. The educational focus is on the development of children, the development of parents and also learning the skills to relate as partners and family members. The most significant time to begin learning and discovering parenting is during pregnancy. Also, Ray E. Helfer advocates the opportunity for adults who have had less than an optimal childhood to look at issues of their own parenting when they were children. People who have examined and resolved some of the negative issues of their own childhood are more prepared to meet the demands of parenthood.

An emphasis on the quality of the early parent-child relationship establishes a solid beginning. It is relevant for each parent to experience this with the baby, and along with a professional or trained volunteer, have the opportunity to learn the baby's individual behavior and means of relating.

One means of cutting through the generational history of abuse is to nurture the mother who has some of this history. A support system can provide some of these needs in a nurturing, available person within a follow-up home visit program such as those established in Great Britain and, to some extent, in the United States. The program begins with a dialogue with the parents during the postpartum period in the hospital, and continues with one to two home visits within the first month. Here the parent-child relationship is supported and supportive help can be continued through extended home visits or through referrals to other community agencies.

The emphasis on prevention, rather than intervention once abuse is reported, is much more effective both in terms of dollars spent and changed lives. A large number of preventative programs have been implemented in recent years. This both strengthens families reached and impacts the occurrance of abuse.

14 The Child in the Family

Overview

Whatever the type of family, this is the foundation for life. This unit can be one child and one parent or one of many variations including the multigenerational family. It is here the child gains the sense of identity and belonging. It is here the child is prepared for membership in society.

The current changes in society influence the family. Membership within the family varies the relationships. Female-headed households especially struggle with low incomes. The child knows the father in a different role when he is an equal partner in caregiving. Caregivers outside the family provide important additional relationships early in the child's life when both parents work.

Stress in the family is experienced in different ways: separation or divorce of parents, mobility of families, dysfunctional parents because of illness, drug abuse, or family violence, or the presence of an exceptional child. All these impact on the family structure and their individual members. As members choose to work together to alleviate the stress, positive outcomes and growth can occur.

The style of parenting, often the result of the way parents were parented themselves, can influence personality of the children. Yet we know the essentials in parenting are the warmth, love and consistency that most parents provide.

Questions To Consider

1. What will be the family of the future?
2. How do social changes continue to affect the family?
3. What are experiences for a single child with one parent compared to a child in a large family?
4. How is the culture transferred through the family?
5. How can parenting classes change ways of parenting?
6. What kinds of support will be helpful to the teen parent?

Vocabulary

Read these terms with their definitions before viewing the program.

Culture Beliefs and traditions of a group of people.
Dysfunctional Family Malfunction of the relationships within a family system.
Exceptional Child A child with medical, physical, educational or psychological needs requiring special attention.
Extended Family A family consisting of husband, wife, children, and grandparents or other relatives.
Nuclear Family A family consisting of parents and their dependent children.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Identify definitions of family and ways the family influences the child's development.
2. Describe two ways families differ from those of years ago.
3. Describe family structures of today: married, multigenerational, blended, same sex parents, single parent, shared custody.
4. Describe four changes in the family because of modern American society.
5. Discuss effects of the following stresses on families: divorce, poverty, increased mobility, presence of an exceptional child, dysfunctional parents.
6. Describe influences on parenting behavior.
7. Name parenting styles and important characteristics for parenting.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

Select as many answers as are correct in Questions 1 and 2.

1. Definitions of the family are
   a. the basic unit of society.
   b. two or more people living in the same household.
   c. two parents and their children.
   d. two or more people united in blood, marriage or commitment.

2. The family is where the child
   a. knows the first meanings of love.
   b. gets biological needs met.
   c. experiences the influences that help or hinder the child meeting individual potential.
   d. learns ways of relating.
   e. learns values.
   f. receives the influence of the culture.

3. Describe two ways families differ from families of years ago.

   a. ____

   ____

   b. ____

   ____

4. Match the family structure with the description.
   a. Married families
   b. Single parent families
   c. Shared custody
   d. Blended families
   e. Multigenerational families
   f. Same sex parents

   1) Divorced parents who share responsibility for their children.
   2) Three generations within members of a family.
   3) Husband and wife with children.
   4) A single or divorced man or woman with a child or children.
   5) A couple who each may have a child or children of their own before their marriage or commitment to each other.
   6) A couple consisting of two males or two females with a child or children.

5. Describe each of these changes on the family.

   a. Reduced family functions: ________________________________

   ____

   ____

   ____

   b. Changes in family structure: ________________________________

   ____

   ____

   ____

   c. Increased number of teen parents: ____________________________

   ____

   ____

   ____

   d. Broadening of sex roles in the family: __________________________

   ____

   ____

   ____

6. Discuss possible effects of two sources of stress on families: divorce, poverty, increased mobility, presence of an exceptional child, dysfunctional parents.

a. ______________________________

____

____

____

b. ______________________________

____

____

____

Select the correct responses:

7. Influences on parenting behavior are:
   a. the ways parents were parented as children.
   b. stage of child's development.
   c. the match between the parent's and the child's personality.
   d. parenting skills learned.
   e. the prospects of the future.

8. Name the style of parenting described in each sentence.

   a. The ______________ parent exerts little control.

   b. The ______________ parent makes demands of uncompromising obedience.

   c. The ______________ parent provides limits and controls but also explains and listens to child.

9. List the most important characteristics of parenting.

   a. ______________________________

   b. ______________________________

   c. ______________________________

Families Are in Transition

Alice Giordano

If one is concerned about a child's development, one must also be concerned about the child's family. The family is still a powerful symbol in our culture.

Current interest in the family's role in child development has moved beyond the examination of the mother-child dyad. Researchers are now studying the child's relationships with other family members – the father, siblings, grandparents, and other relatives – as well as with the mother. Furthermore, they are considering not only the influence of other children and adults on the child, but also the child's influence on other people and on the family system as a whole. Increasingly, child development specialists are favoring an ecological approach that focuses on the information and formal social networks in which the family is embedded and on the economic, political, and social conditions that affect children.

The family as an institution is subject to structural change, which can influence children's development. For example, several decades ago extended families were more prevalent and included several children, grandparents, and other relatives who offered one another counsel and support in time of need. Today, middle-class families have fewer children and are more apt to be geographically separated from their kin; and divorce is increasing numbers of single-parent families at all socioeconomic levels. The study of how these changes in family structure affect children and also of the ways in which the family members cope with the changes in their lives is producing important insights into family functioning and factors that can impede or enhance the development of children and the adults in their lives. Moreover, the research is providing a knowledge base and an awareness of the numerous problems of health and psychological well-being that children and their families face. These problems include inadequate health care, poverty, child abuse and neglect, as well as an increase in youth unemployment and a greater incidence of depression and suicide among youth.

Yet one must ask, is the "family" any worse off now than it ever was? In *Families in Transition,* Bahr states that "it makes no sense to judge the quality of contemporary families by contrast to a model family that never existed and then lament over fallen states. Comparison with the real past, based on available historical and sociological evidences, shows that our families have been and are likely to continue to be the contexts for much pain, inequity, sorrow, stress and disillusionment." Thus, one can see, to idealize the traditional family has not only been unrealistic but has caused us to neglect the development of nurturing environments for a diverse set of living arrangements. Labeling these living arrangements as deviant ignores the majority of "families" living in the U.S. today. It has been estimated that in the near future, the number of single householders will outnumber married couples with children. Twenty-five percent of children now live with only one related parent. Less than four percent of the nation's families are traditional husband-earner, wife-homemaker.

The real issue is not one of family structure but of family process. By focusing on structure we limit our understanding of family dynamics and their effect on the well being of its members. In *Family Issues,* December 1987, John Edwards states that "we desperately need an alternative model of normal development that would delineate the components of well-being and the patterns of 'healthy' families, regardless of their configurations." He adds that we must recognize "the singular importance of adult harmony, no matter who the adults in a child's life might be or what their blood relationship to a child is". Edwards concludes that an effective model "would allow that families exist in many different social contexts beside the household".

As stated earlier, contemporary researchers are adopting an ecological approach to child-rearing which promotes two basic principles: 1. The child's environment must include unconditional love and an enduring relationship with one or more adults not necessarily a parent. 2. For healthy family environments, public policy must strengthen linkages between family/school, i.e. family activities and tutoring programs; family/community, i.e., child care options and family education; family/work place, i.e. flextime schedules and job sharing.

In the years ahead, there must be a collective concern for all children rather than a nostalgia for a past that never actually existed. By recognizing the heterogeneity of our way of life are we minimizing the fact that problems exist? Of course not! However, we can meet these challenges by insisting that every household in every community has the resources and the opportunity to build strong, loving relationships. The worth of any society can be measured by the concern of one generation for the next.

15 Nutrition

Overview

New and different foods are eaten as the child grows and develops. The nutrients from these foods in turn impact growth and development. The amounts of foods and how they are consumed depends on growth rates, physical abilities, emotional development, social influences and culture.

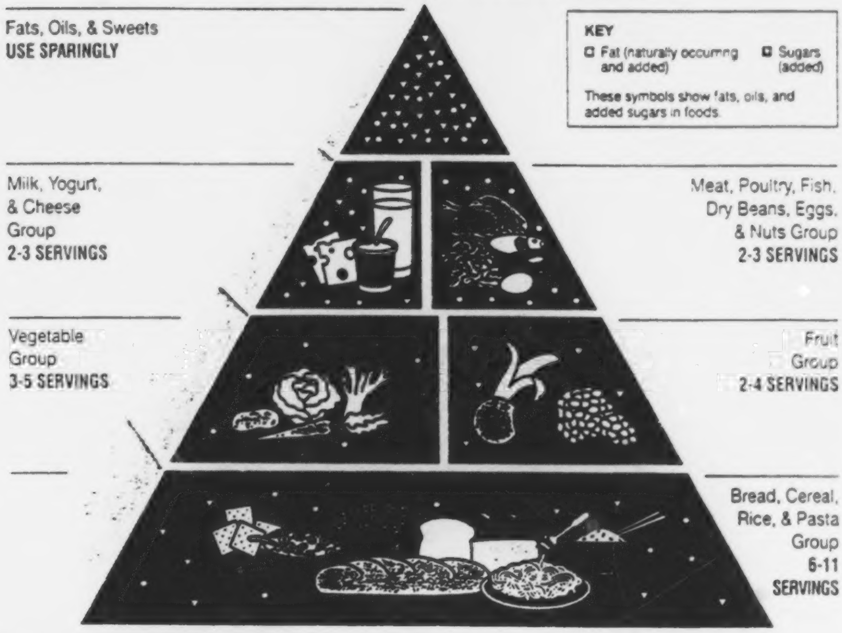
Nutrition is integrated with the growth and development of the individual from conception through adolescence. Each stage of development brings on new concerns such as the autonomy of the toddler and social influences of the adolescent. New abilities emerge with each stage enabling the child to eat independently and make food choices.

The family is the center of the information, attitudes and eating habits for the beginning years and serves as a resource in later years. When the child makes choices based on the understanding of good nutrition and enjoys a variety of foods, the foundation of good nutrition can be set for life.

The basis of understanding nutrition is knowing the essential nutrients and following general guidelines for food choices. The Food Guide Pyramid builds a framework consisting of foods from the American diet. This system is built on amounts and types of food for various individuals depending on growth, needs and energy requirements. From the Food Pyramid one can make good food choices for children's good health, energy and growth.

Food Guide Pyramid

A Guide to Daily Food Choices


Fats, Oils, & Sweets
USE SPARINGLY
KEY
☐ Fat (naturally occurring and added)
☐ Sugars (added)
These symbols show fats, oils, and added sugars in foods.
Milk, Yogurt, & Cheese Group
2-3 SERVINGS
Meat, Poultry, Fish, Dry Beans, Eggs, & Nuts Group
2-3 SERVINGS
Vegetable Group
3-5 SERVINGS
Fruit Group
2-4 SERVINGS
Bread, Cereal, Rice, & Pasta Group
6-11 SERVINGS

What is the Food Guide Pyramid?

The Pyramid is an outline of what to eat each day. It's not a rigid prescription, but a general guide that lets you choose a healthful diet that's right for you.

The Pyramid calls for eating a variety of foods to get the nutrients you need and at the same time the right amount of calories to maintain a healthy weight.

The Pyramid also focuses on fat because most American diets are too high in fat, especially saturated fat.

Questions To Consider

1. How does one plan a good diet for children from the Food Pyramid?
2. Why is there malnutrition in the United States today?
3. How and why is fiber included in the diet?
4. How can the parent or caregiver respond to the different stages of development in feeding young children such as handling food refusals of the toddler?
5. What can adults do to alter poor food choices of adolescents, and the downward spiral of anorexia and bulimia?

Vocabulary

Read these terms with their definitions before viewing the program.

Anorexia Nervosa An eating disorder of excessive dieting or starvation because of an obsessive compulsion to be thin.
Antibodies Particular substances in the blood that fight off a specific disease.
Autonomy The drive for independence and assertion of the toddler's will.
Bulimia A dangerous eating disorder of compulsive binge-eating and purging.
Calcium A major mineral needed by the body to build strong bones and teeth.
Calorie A unit used to measure the value of food for producing energy in the human body.
Diet Fads Weight-loss diets based on misconceptions and imbalanced nutrition.
Iron A mineral essential for the formation of hemoglobin in red blood cells.
Nutrient A substance in food which the body needs to sustain life.
Nutrition The study of how the body uses food.
Osteoporosis A disease of bone degeneration later in life.
Puberty The physical changes that bring on sexual maturity.
Undernourished Not taking in adequate amounts of nutrients.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. List goals for nutrition.
2. Define nutrients and the purposes of six main nutrients.
3. List foods in the Food Pyramid and guidelines for a good diet.
4. Identify a mutual dietary goal of a prepregnant and pregnant woman.
5. Discuss positive guidelines for feeding infants, toddlers and preschoolers.
6. Discuss specific developmental or nutritional needs of infants, toddlers, preschoolers, schoolagers and adolescents.
7. List issues that help or hinder good food choices of schoolagers and adolescents.
8. Discuss nutritional concerns for adolescent girls and boys and adolescents with anorexia nervosa and bulimia.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. List three goals of good nutrition:

a. ____________________

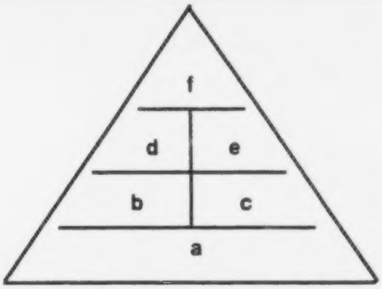
b. ____________________

c. ____________________

2. Nutrients are:
   a. specific foods essential for human growth and development.
   b. food substances needed by the body to sustain life.
   c. chemicals identified in the human body.
   d. the balanced diet of carefully selected foods from the food pyramid.

3. Match each essential nutrient with its main purpose:

a. Protein	1) Substances that keep cells functioning smoothly.
b. Carbohydrates	2) Substances that help maintain teeth and bones and help in muscle and nerve functions.
c. Fats	3) Substance needed to carry out all body functions.
d. Vitamins	4) Substances for growth, maintenance and repair of body tissues.
e. Minerals	5) Source of energy.
f. Water	6) A second source of energy.



4 List three foods found in each category of the food pyramid.

a.:
1) ______________________2) ______________________3) ______________________
b.:
1) ______________________2) ______________________3) ______________________
c.:
1) ______________________2) ______________________3) ______________________
d.:
1) ______________________2) ______________________3) ______________________
e.:
1) ______________________2) ______________________3) ______________________
f.:
1) ______________________2) ______________________3) ______________________

5. State four guidelines for selecting a good diet from the food pyramid.

a. ____

b. ____

c. ____

d. ____

Complete the following statements:

6. Both the prepregnant and pregnant woman need to ______________________ in order to have a ______________________ to sustain the pregnancy.

7. Benefits of breast feeding are all ______________________ ______________________ and ______________________ from the mother help protect the baby.

8. Match the food with the appropriate age during the first year.

_____ a. Birth to six months	1) Add finger foods and strained meats.
_____ b. Four to six months	2) Begin a varied diet of iron-fortified cereal, pureed vegetables and fruit.
_____ c. Seven months	3) Formula or breast milk.

9. Match guidelines for feeding with the appropriate age group.
1) Infants 2) Toddlers 3) Preschoolers

_____ a. Add nutritional snacks between meals
_____ b. Serve small amounts of milk.
_____ c. Serve small amounts of food and allow seconds.
_____ d. Watch for signals the child is full.
_____ e. Do not allow child to fall asleep sucking a bottle.
_____ f. Accept small amounts eaten at mealtimes.
_____ g. Plan for children to prepare food for themselves and set the table.

10. Match a developmental or nutritional need with the appropriate age group.
1) Infants 2) Toddlers 3) Preschoolers 4) Schoolagers 5) Adolescents

_____ a. With more motor capabilities, _____ explore and enjoy food.
_____ b. With maturation, _____ are ready for a more varied diet.
_____ c. Autonomy of _____ can make meals a battleground.
_____ d. A desirable self-image influences the diet of _____.
_____ e. The growth rate of _____ stabilizes and appetite is more regular.
_____ f. Peer group influence governs _____ choices of food.
_____ g. The family has less control over the meals of _____.
_____ h. _____ are more productive with a healthy breakfast.

11. List positive and negative influences on the nutrition of schoolagers and adolsecents.

a. Positive: _____

b. Negative: _____

12. What are major nutritional concerns for adolescent girls? For adolescent boys?

a. For girls: _____

b. For boys: _____

13. What are major concerns of anorexia nervosa and bulimia for adolescents?

Thin Is In: The Story of Anorexia and Bulimia

by Arleen Prairie

The twelve year old attractive young girl is thin -- very thin. But if you ask her she "knows" she is too fat. Her body image is distorted; it does not reflect the mirror image of the too thin, almost emasculated young body. This is the picture of anorexia.

This young preadolescent is a part of an affluent middle class family. She feels close to her mother and works hard to please her. She adores her father who remains distant and aloof. In her school and social life she is a high achiever. The parents strive hard for success believing outside images are most important. In this family the ideal, successful woman maintains a slim and attractive figure. The girl becomes obsessed with that image. Her perfectionism is creating her own perfect figure.

Because she strives so hard to please others, she feels no control over her own life. Choosing the type and amount of food she eats becomes her issue. Her constant focus becomes planning her meals with an intricate counting of calories. What starts as a simple diet, following one her mother is on, becomes an obsession. She cannot leave her strict diet of low-fat, low-calorie foods. She often engages in frenetic exercise and has fasted for days. She denies she is tired, but her family, seeing her lethargy and depression, knows she cannot keep going.

Because she does not want to move out of the dependent relationship with her mother and face the uncertainties of becoming a woman, she wishes to keep the form and shape of the schoolgirl. Along with the weight loss, menstruation ceases, so her wish to remain a girl becomes reality.

At first the family supports the diet for they see this as normal. After all, her behavior reflects the family's beliefs. When her family notices her extreme loss of weight, gaunt appearance and her preoccupation with food they are unable to influence her obsessiveness. She refuses to relinquish control over this area of her life and moreover is unable to see her restriction of food as personally harmful.

After one year of anorexic behavior she occassionally binges on sweets and fattening foods. Driven by hunger, this frail and starving girl overeats excessively in secret. To deal with this infraction she alternately forces herself to vomit or she overdoses on laxatives. The aftermath is hidden guilt -- because she knows purging is deviant from society norms. These are the complications of bulimia.

Why are anorexia and bulimia becoming so commonplace among younger girls, especially those in middle and upper class? Society stresses the importance of being thin to be attractive. Underneath are various psychological factors of insecurity, perfectionism and pleasing others to the point of not knowing one's own feelings -- so much so the young person does not recognize simple signals of hunger.

Up to twelve percent of young people today may be dealing with these difficult disorders. Most of these are female (seven million) though one million males may also suffer according to Virginia Meehan, President of National Association of Anorexia Nervosa and Associated Disorders (ANAD). More preteens are anorexic because the onset of puberty is earlier. So striving to be thin affects the younger maturing girl as in the profile above.

The progression of eating disorders causes severe health problems. Menstruation stops or is erratic in females. Nutritional problems such as anemia develop. The digestive system is altered so the adjustment to handling a normal diet during recovery is difficult and slow. Imbalances in the body may cause the heart to stop, bringing about sudden death in advanced cases. Six percent of people with eating disorders die. Death may be by suicide. Even with treatment, health effects can be lifelong.

ANAD recommends several ways to counteract the occurence of either disease. Family therapy and support groups are quite successful. Individual therapy focuses on self-concept and feelings of worthlessness or depression. In all cases medical intervention is necessary to treat physical complications and establish nutrition and weight gain. Hospitalization may be indicated in advanced cases. Here force feeding (intravenous) may be needed to forestall starvation. Physical stabilization and behavioral patterns can be supervised in the controlled environment of the hospital.

The goal for all treatment is to regain weight and maintain it. Treatment is considered successful if weight can be stabilized at a level slightly below normal. The anorexic can learn to separate feelings about food from her feelings about herself and develop a sense of self-worth and autonomy (Craig, 1992). The family may also need to redefine relationships that feed into misperceptions.

To turn around the devastations of these conditions, long term support from caring people is vital. The most important discovery for the young person is that there is a strong and beautiful woman inside ready to blossom.

16 Exceptional Children

Overview

Children with physical, learning or behavioral exceptionalities require special provisions of some kind in their education. Because each exceptionality varies, meeting the needs of each child requires creativity and resourcefulness on the part of the teacher, parent and school.

Some exceptional children attend special schools. Others get individualized help while in a regular classroom. The profoundly retarded may be in institutions to receive basic care.

Some learning problems are very specific to one area of learning and termed as learning disabilities. On the other side of exceptionalities are the gifted, whose learning needs are poorly met.

Children are more alike than different, so stressing what children *can* do rather than what they *cannot* do gives more chance to achieve their full potential. Differing approaches provide a way of individualizing programs and a fuller range of treatment possibilities whether for the gifted or multiple handicapped children.

Questions To Consider

1. What are some causes of exceptionality?
2. What choices are available for education of the exceptional child?
3. How can the best educational plan for the exceptional child be determined?
4. Why is the gifted child getting the least support for learning?
5. What is the current focus in special education?

Vocabulary

Read these terms with their definitions before viewing the program.

Behavior Modification The application of a set of practical teaching procedures which are based on the well-established scientific principals of behaviorism.
Childhood Psychosis A severe mental illness in which the child has a complete break with the real world.
Down's Syndrome A type of mental retardation caused by the presence of an extra chromosome in the child.
Exceptional Children Those children who are different from the norm in terms of intellectual, behavioral, or physical factors and who usually require some type of special education to meet their needs.
Gifted Children Children who exhibit outstanding abilities above the normal, usually intellectual in nature.
Sibling Brother or sister.
Mainstreaming The integration of exceptional children along with average school children in the regular classroom.
Microcephaly A genetic form of mental deficiency characterized by a peculiarly shaped, small, conical head.
Normalization An attempt to establish in the child personal behaviors and characteristics which are considered culturally normative.
Ostosclerosis A disease of the middle ear known to be hereditary.
Rituals Peculiar habits of psychotic children such as flapping, spinning, rocking, and walking on tiptoes.
Special Education Programs developed to meet the special needs of children who learn differently from the average child.
Thalidomide A drug taken by pregnant mothers which resulted in numbers of children born with deformities of the limbs, heart, and digestive tract.
Tic Occasional twitching or jerking, usually of facial muscles.
Withdrawn Mentally or physically cut off from the world.

Instructional Objectives
When you have successfully completed this module, you will be able to:

1. Give a definition of exceptional children.
2. List three main types of exceptionalities.
3. Give three examples in each category of exceptional children.
4. List six signs which would help in identifying an exceptional child.
5. Name two causes of exceptionalities in children.
6. List two negative effects of labeling exceptional children.
7. Identify five emerging programs or movements which have created changes in the education and care of exceptional children.
8. Define mainstreaming.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Define exceptional children. ____

____

____

____

____

2. Column I contains examples of exceptionalities in children. Column II lists the three main categories of exceptionalities. Next to each example indicate the number of the category to which it belongs.

I

_____ a. brain-damaged children

_____ b. mentally retarded

_____ c. visually impaired

_____ d. emotionally disturbed

_____ e. highly intelligent

_____ f. children with deformed body parts

_____ g. socially maladjusted

_____ h. psychotic children

_____ i. learning disabled

II

1. Physical Exceptionalities
2. Learning Exceptionalities
3. Behavioral Exceptionalities

3. There are six signs which help in identifying an exceptional child. List them below.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

4. (Fill in the blanks.) The causes of exceptionalities are considered to be either ______________

or ______________.

5. Give two negative effects of labeling exceptional children.

a. ______________________________

b. ______________________________

6. Below are descriptions of emerging programs or movements which have created changes in the education and care of exceptional children. Identify the name of the program or movement by filling in the blanks beside the description of the program. Each name may be used more than once.

Deinstitutionalization
Behavior modification
Special education
Mainstreaming
Legislative action

a. ______________ is the application of a set of practical teaching procedures which are based on the well-established scientific principles of behaviorism.

b. As part of the ______________ movement, artificial environments such as clinics and hospitals are replaced by parents working with their children at home.

c. ______________ puts the emphasis on administering treatment to children in their communities instead of sending them off to state institutions.

d. It was ______________ that made it possible to establish and operate model preschool and early educational programs which were designed to develop effective approaches in helping handicapped children.

e. ______________ means that exceptional children need not be isolated or exposed only to youngsters like themselves.

f. ______________ refers to programs developed to meet the special needs of children who learn differently from the average child.

g. The integration of exceptional children into the regular classroom of the public school system is

called ______________________________.

h. When ______________________________ is used with exceptional children, positive reinforcement is given for small steps of improvement toward the final target behavior.

i. With ______________________________ an individual education plan is prepared for each child, based upon professional judgment as to how that youngster learns best.

j. As a result of ______________________________ all exceptional children have the same right to a free equal education as any other child, so that individual states must now meet the unique needs of their children through special education.

7. Give a definition of mainstreaming. ______________________________

____

____

17 Toddlerhood: Physical and Cognitive Development

Overview

The discovery of walking heralds in the toddler stage of development. The action of being both mobile and upright significantly changes the way the toddler sees the world. Changes in the manipulation of objects is prompted by the changes in mobility.

The exhuberant exploration and experimentation is possible because of the mental representation, the ability to mentally use symbols to represent an object. In the toddler we notice the changes in manipulation of objects, the play and interactions with others. The objects can now be handled in meaningful ways like arranging or building them instead of only taking them apart. Objects are used for pretending and so the imagination can now be acted upon in play. Language takes on meaning and is used for communication. It is now used to name objects, express desires and put new ideas and concepts into words.

The toddler seems to take on the challenge of knowing the world on his own, but significant adults are needed for continued support. A varied and stimulating environment and continual interaction with these adults are essential for intellectual and language expansion and growth.

Questions To Consider

1. What other areas of development are affected by the child's ability to walk? to talk?
2. What is the role of the adult in supporting the learning of walking, running and climbing?
3. What are guidelines for selecting toys for a toddler?
4. How does the change in cognitive development affect the way the toddler plays?
5. How does language change the social relationships of the toddler?

Vocabulary

Read these terms with their definitions before viewing the program.

Complete sentences A stage of language development where sentences containing a subject, verb and direct object are used.

Fine motor skills Skills involving refined movements of fingers and hands.

Ligament A band of tissue that binds bones or muscles together.

Mental representation Use of a mental image or symbol to remember or relate one object to another.

Model language Repeating a word, phrase or sentence to show a preferred way of using language.

Naming and labeling A stage of language development where the child asks for names of items and repeats them.

Preoperational thinking The second stage of cognitive development when the child uses mental representation in thought.

Sensory experiences Play experiences for young children usually tactile in nature, like clay, fingerpaint and sand.

Toddler Stage of development from the time child begins walking usually one to three years.

Two word sentences A stage in language development when toddler uses two word phrases, usually a noun plus a verb or adverb.

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Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Identify ways new locomotor abilities affect the way that the toddler relates to the world.
2. Identify development in the following areas of growth: body proportion, rate of growth, muscle and ligaments.
3. Describe the development of walking in the toddler.
4. Identify fine motor skills typical of the toddler.
5. Describe three characteristics of symbolic representation within the sensorimotor stage.
6. Describe the following characteristics of the early preoperational thinking of toddlerhood: language, pretend play, egocentrism, mental representation
7. Describe new abilities in language during toddlerhood: naming and labeling, two word sentences, imitation, inventive language, full sentences
8. Describe roles of the adult in supporting language development of the toddler.
9. Describe the following elements of a good learning environment: materials and toys, adult support for play, stimulating experiences

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

Select as many answers as correct in questions 1, 2, 3, 4, and 5.

1. New locomotor abilities of the toddler change the way he relates to the world by

_____ a. seeing another person's point of view.

_____ b. freeing hands to hold on to objects while moving.

_____ c. seeing the world in a different perspective from a standing position or a new view from climbing.

_____ d. thinking through problems.

_____ e. using language to relate to others.

2. In body proportions the toddler's

_____ a. head is large and the jaw is small.

_____ b. trunk is large and the legs are short.

_____ c. stomach protrudes and the back looks swayed.

3. The growth rate of the toddler

_____ a. has slowed to almost nothing.

_____ b. has slowed from infancy.

_____ c. is more rapid than in infancy, and slower than in the preschool years.

4. The toddler's

_____ a. joints are very flexible.

_____ b. ligaments are strongly attached to bone.

_____ c. control of muscles provides control for walking.

5. Select the fine motor skills typical of the toddler.

_____ a. draws recognizable objects with paint.

_____ b. scribbles with markers.

_____ c. manipulates toys and puzzles.

_____ d. turns pages of a book.

_____ e. eats with fingers.

_____ f. buttons shirt.

_____ g. laces and ties shoes.

6. Describe the toddler's early and mature walking abilities.

a. Early walking ______________________________

____

____

b. Mature walking ______________________________

____

____

7. Describe the following three characteristics of symbolic representation within the sensorimotor period.

a. Think before acting ______________________________

____

b. Imitate or pretend ______________________________

____

c. Use of symbols in language and pictures ______________________________

____

8. Describe an action of a toddler which illustrates each of the following characteristics of early preoperational thought.

a. Language ______________________________

____

b. Pretend play ______________________________

____

c. Egocentrism ______________________________

____

d. Mental representation ______________________________

____

9. Describe, using an example, the following language abilities during toddlerhood.

a. Naming and labeling ______________________________

____

b. Two word sentences ______________________________

____

c. Imitation ______________________________

____

d. Inventive language ______________________________

____

e. Full sentences ______________________________

____

10. List four roles of the adult which supports language development of the toddler.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

11. Describe the following elements of a good learning environment for toddlers.

a. Materials and toys ______________________________

____

b. Adult support for play ______________________________

____

c. Stimulating experiences ______________________________

____

Reading to Infants and Toddlers

Alice Giordano

Once upon a time – adults waited to read to children until they were at least two years of age, now adults are aware that language acquisition begins from the moment of birth; if not sooner, and it is important to expose infants and toddlers to the human voice. What could possibly be better than hearing a familiar voice either tell you a story or read to you while you are cuddled up on a lap? Beyond helping to develop listening and speaking skills, stimulating imagination, and aiding memory development – reading can just be plain enjoyable!

Reading should be included in a host of language activities that will help young children develop speaking and listening skills prior to formally learning to read and write. The time to begin is with infants and toddlers.

It has been stated that reading is defined as the interpretation of symbols. Using this definition, a child begins reading the day she is born. A baby gets excited when she sees her bottle. She stops crying when her mother or other prime care provider enters the room and smiles. She gurgles with pleasure when members of the family stop to play with her. She is responding to what she "reads" into the actions of others.

All children should not be expected to learn to read in the same way, at the same rate, or at the same age. Children begin by reading pictures, taking great delight in recognizing objects with which they are familiar. As adults read to children, thereby exposing them to words in the books they read, children begin to understand that printed words say something.

There are thousands of quality books for young children, but one must choose books carefully. Children's books must be appropriate for the developmental level of the child. Young children's short attention span for sitting, dictates choosing books that are not too long. Young children's visual discrimination also requires books that have pictures large enough for them to see. A book with a story that is simple, yet interesting in its wording, is also good for young children. Children like books with repetition of sound, rhythms, and patterns. Repetitive, cumulative, and cyclic word arrangements help children to grasp a control of language and later to predict language. In other words, it enables children to read!

Books expand vocabulary and explore new story ideas. Book experiences can provide the roots for whole-language experiences in writing, reading, listening and speaking.

Children need the opportunity to have repeated experience with the same printed text. The simple and predictable text of young children's picture books enables toddlers and preschoolers to memorize the text and pretend to read. This child's understanding that print is different from pictures indicates one of the first steps on the pathway to reading. The goal is to make reading fun and interesting, and to encourage children to be self-motivated to look at, and in the future, read books.

The way an adult reads books to young children is just as important as choosing the right books. When reading to children select a quiet spot, away from distracting noises and activities. Be seated comfortably. Get the children's attention before you start to read. If the children are restless, some conversation about the book or a familiar finger play or song may help release some of their excess energy.

Reading books can serve as a bridge between oral communication and the written word, promoting a love of language and helping to build rapport between adults and children. The request of "Read it again" shows this love of books. Being read to should be a part of every child's daily activities.

Infants and toddlers are at the onset of language explosion, however, language development does not happen in isolation nor through magic. The child absorbs language as you talk about the pictures in the book.

Young children greatly enjoy the sound of poetry – its rhythms and music. Poetry helps children learn to play with language. Mother Goose rhymes are a good place to start. Children do not need to understand each of the words. It is the sound of the words that appeals. Exposure to modern poetry, finger plays, simple rhymes with hand movements are another form of poetry that young children enjoy. Repetition of the rhymes already learned should continue to be used as you introduce children to new rhymes with new vocabulary. Children should not be asked to memorize and recite poetry, rather repeat and repeat. Children who join in automatically will naturally memorize part of them over time.

Reading and showing enjoyment for reading models the love of books. As stated before, children enjoy hearing the same book over and over again because, as they correctly predict story events, it gives them a sense of control.

Let's not forget the social pleasure of snuggling in close to a favorite adult. Sharing a book is sharing an experience with a friend. Probably most important, this teaches them the love of books.

For those who have the opportunity to share this, read to no more than one or two children at a time. It is easier to see the illustrations as well as the children. Read slowly, begin by telling about the author and illustrator. Share your thoughts as you read the story. "Hmmm, I wonder what will happen next? I will turn the page so we can see."

Reading aloud to children should not be abandoned when children learn to read. Now reading can truly be a shared experience – sharing books of varied subjects. But remember, it all begins by reading to infants and toddlers.

18 Toddlerhood: Emotional Development

Overview

The toddler years are seen as a turbulent time of development because of the focus on developing autonomy and gaining independence. The acts of eating, toileting and sleeping take on new significance as the child brings these under his own control. At the same time the child is learning socially acceptable ways of handling these within his culture.

Caregivers have many decisions to make in responding to erratic and inconsistent behavior in the toddler: how to enforce rules, how to respond to temper tantrums, how to support the toddler experiencing separation, playing with others and accepting the new baby in the family. With an understanding of what the toddler experiences in these issues, guidance becomes easier.

The toddler's relationship with parents remains central in his emotional development. The young child is dependent on the secure base of this relationship while he at the same time moves away from the parent in the struggle for autonomy. Other people also become significant: grandparents, siblings and peers.

Questions To Consider

1. What is the importance of autonomy in a person's life?
2. How are feelings of shame and doubt minimized during the toddler years?
3. How much freedom and what limits are best for the toddler?
4. Why is toileting accomplished later today?
5. How can the parent help a toddler accept separation?

Vocabulary

Read these terms with their definitions before viewing the program.

Biological functioning Regulation of eating, toileting and sleep by the child.
Empathy Ability to experience emotions of another.
Temper tantrums Vocal and physical protests because of loss of individual control.
Culture Behaviors and belief patterns shared by a specific group.
Physiological readiness Ability to control bowel and bladder muscles in toileting.
Separation Leaving parent for a short time or for daily care.
Setting limits Letting the child know what rules are to be followed by communication and action.
Shame and doubt Described by Erikson as being caught in the act or doubting one's abilities.
Socialization Learning skills that enable the child to fit into society.
Transitional objects A specific object the child uses for comfort when not secure.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Discuss the development of autonomy and its opposite, shame and doubt.
2. Discuss ways to support growing autonomy.
3. Identify ways family and culture influence the development of autonomy.
4. Define socialization and emotional and socialization issues associated with biological functioning of eating, toileting and sleeping.
5. Discuss positive and negative influences of autonomy in toilet training.
6. Identify positive means of setting limits for the exploring toddler.
7. Identify underlying reasons for temper tantrums and positive adult response to the child.
8. Discuss the following issues in toddler relationships and positive ways to address them: separation from parents, use of transitional objects, acceptance of new siblings.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Describe the development of autonomy in the toddler.

2. Describe experiences of shame and doubt in the toddler.

____

____

____

3. List three ways to support autonomy.

a. ______________________________

b. ______________________________

c. ______________________________

4. Select the best statement defining how family and culture influence the developing autonomy.

a. The child must be given a variety of choices in everyday life to develop autonomy.
b. The child can be supported in gaining autonomy in ways the culture approves.
c. Culture differences are not recognized in supporting growing autonomy.
d. Children develop autonomy with the same tasks within all cultures.

5. Socialization for the toddler is ______________________________

____

____

6. Match the following emotional and socialization issues with the biological functioning of eating, toileting and sleeping. More than one function may be used with some issues. Use the following letters for each:

E = Eating T = Toileting S = Sleeping

_________ a. Autonomy.

_________ b. Sensory experiences.

_________ c. Social relationships.

_________ d. An understanding of what is expected.

_________ e. No expectations of detailed manners.

_________ f. Feeling lonely.

_________ g. Accomplishment.

7. Describe how autonomy can positively or negatively influence toilet training.

a. Positively ______________________________

____

b. Negatively ______________________________

____

8. Select three positive means of setting limits for the exploring toddler.

_____ a. Stop the behavior by any means such as holding or spanking.

_____ b. Give a brief explanation for stopping the behavior.

_____ c. Remove the child from danger.

_____ d. Reprimand strongly.

_____ e. Isolate the child.

_____ f. Redirect with another toy or activity.

9. Select three underlying reasons for temper tantrums.

_____ a. Overstimulation

_____ b. Fears

_____ c. New expectations

_____ d. New people and places

_____ e. Child gets his own way

_____ f. Imitation of others.

Select the one best answer.

10. The adult can help the toddler gain control of himself during a temper tantrum by

a. remaining calm and in control of self.
b. isolating the child.
c. imitating the child's behavior.
d. demanding the child to be quiet.

11. From the description of a toddler's behavior listed below write the following in columns one and two.

1. Describe a reason for the behavior.
2. Describe an appropriate adult response that will support the child.

A. Anna cries and clings to caregiver when left for first time.

1. _____________________ 2. _____________________

B. Sean insists on bringing "floppy" bear to school.

1. _____________________ 2. _____________________

C. Jamie grabs toy trains from Charles and insists on putting them where he wants them.

1. _____________________ 2. _____________________

D. Dawn pokes angrily at the new baby in the family.

1. _____________________ 2. _____________________

Toddler Observation: Interaction with Peers

Observe the interaction between Jamie and Charles (both two years of age) in play with the train set and later at the easel. Writing the actions in detail helps in seeing and understanding behavior. Write the statements and the behavior of Jamie and Charles in both situations.

Answer the following questions:

1. Describe the egocentrism seen in the following situations:
   a. Jamie taking the train pieces from Charles.
   b. Jamie placing the train pieces on the train set.
   c. Jamie wanting a brush to paint at the easel.
   d. Charles giving Jamie one brush.
2. What do you think causes the difference in the outcome of the two scenes?
3. Do the mother's comments help Jamie to share? Why or Why not?
4. How does egocentrism affect children cooperating in play?

Speak Not Spank

Alice Giordano

Whenever discipline is the topic, the statement "spare the rod, spoil the child" always emerges, followed by the question: to spank? or not to spank? While many parents feel it is okay, there is a definite consensus among child development experts that spanking is both an inappropriate and ineffective method of discipline.

Actually discipline is not a method or a set of techniques for handling children: it is a learning process. The word discipline comes from the Latin root, "to learn". Spanking is not discipline, it is punishment. Physical punishment doesn't teach children anything but pain and fear.

Discipline should teach children how to get along in society and how to consider the rights of others. For this reason, discipline is most effective when it is a learning process that aims not to punish a child but to help him develop an understanding of, and responsibility for his own actions.

All behavior is caused and is communicative. Much of what a child does, good or bad, is communicative; it is telling you something. So we must listen to what a child does. It is important to understand why the child is behaving that way if we are to do something about it, change it, and teach more appropriate ways to behave.

Why might children behave in ways that adults do not find acceptable? Sometimes children behave inappropriately in an attempt to get something they want. This may be a special toy, a kind of food, or the privilege of not taking a nap etc. Young children may use a tantrum to attempt to persuade the adult to give in to their special request. It is usually wise to ignore such behavior or just remain firm with the reason for what you expect.

Sometimes a child behaves inappropriately in order to avoid something. Most children hate to go to bed, hate to take medicine, and may wish to avoid picking up toys. A pre-warning often will help the child through these events; i.e. in about five minutes it will be time to pick-up the toys. A little adult help will also be welcomed.

Sometimes children behave inappropriately because they are afraid. A child may have trouble going to bed because they are afraid of the dark or may believe there is a monster under their bed. Try to comfort the child, perhaps read a story and of course look for the monster so as to assure the child that the monster is not present. In addition check to see what toys, TV shows, games, or other recent activities could have influenced this and try to arrange for these not to be part of the child's life for awhile. A night light can also help the child over the fear.

Sometimes children do inappropriate things just to satisfy their own curiosity. They may taste your beverage, suck on a cigarette butt, or pick things up off the floor or ground. It is important to make certain the environment is safe for children. They will explore!

Sometimes children act inappropriately because they don't know the appropriate way to act. If children do mean things to animals or other smaller children it may be because they don't know how to interact with them in an enjoyable way. Adults can model the expected behavior and explain verbally so a child can understand.

Perhaps the most common cause for inappropriate behavior is to get attention. This can continue not only throughout the preschool years but throughout life unless other more appropriate ways are learned.

It is important for adults to give young children a lot of attention, especially when a child is behaving in a socially acceptable way. The positive behavior is what we should be talking about rather than negative behavior.

Young children's misdeeds are not premeditated or malicious. Adults must be aware their own actions are the examples of human behavior the child encounters. The child's earliest actions are likely to mirror those of adults. If children see an adult kick toys out of a pathway, there is no reason for the child not to kick or throw toys rather than placing them carefully on a shelf. The youngest child begins to learn by watching and imitating; thus it is important for adults to be conscious of the behavior they are demonstrating and be consistent in their behavior patterns.

Children, from the time they are infants, need limits. It is the adult's responsibility to provide limits that are realistic to the developmental stage of the child. It is not realistic to expect a two year old to sit quietly and listen to stories for a half hour or to sit through an entire meal in a fancy restaurant.

Every adult wants a magic formula to help a child change their behavior. There is no magic, but what will help is to use your voice and speak out and tell the child what we expect them to do. The following statements of advice about adult-child interaction are suggestions agreed upon by many adults who work with young children:

1. Love abundantly. The most important task is to love and really care about each child. This gives the child a sense of security, belonging and support.
2. Discipline constructively. Give clear directions and enforce the limits. Emphasize "Do this", instead of "Don't do that".
3. Develop mutual respect. Act in a respectful way toward children. Say "please" and "thank you", and apologize when you are wrong. Children who are treated with respect will know how to treat you and others respectfully.
4. Listen. Really listen. This means giving the child undivided attention, putting aside your beliefs and feelings and trying to understand the child's point of view.
5. Foster independence. Gradually allow children more freedom and control over their lives.

Knowledge about what children normally do and don't do, is the best way to prepare yourself to interact positively with children at each stage of their development.

19
Preschoolers: Physical and Cognitive Development

Overview

Between the ages of three and six years, the chubby toddler becomes the longer, leaner preschooler. Improved gross and fine motor control and coordination enable the child to tackle a variety of activities with greater skill and success.

The preschool child, in the stage of preoperational thought, can think symbolically and put these thoughts into words. Two questions guide the child's actions: "What does it do?" and "What can I do with it?" The child then proceeds to answer these questions through her handling of and experimentation with a wide range of materials and activities. It is through these actions that the child gains the early math and language skills that form the foundation for later learning.

The adults in the child's life facilitate this learning by providing the materials and a supportive environment.

Questions To Consider

1. In what ways does the preschooler look different than the toddler?
2. What is meant by fine or gross motor skills?
3. What do children learn as they manipulate objects?
4. What does it mean when children engage in pretend play?
5. What role do adults play in children's learning?

Vocabulary

Read these terms with their definitions before viewing the program.

Classification Organizing objects and experiences by their common characteristics.
Fine motor skills Small body movements such as writing, drawing, cutting.
Gross motor skills Large body movements such as running, climbing, throwing.
One to one correspondence (or matching) The recognition that one group of things has the same number of things as another group.
Preoperational thought The ability to think symbolically, to form mental representations of objects and events that are not being immediately experienced.
Preschooler The child during the stage of development between the ages of 3 to 6 years.
Symbolic representation The representation of an object through language, pictures, actions or print.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Identify the changes in size, shape, and coordination which take place during the preschool years.
2. List the motor skills and fine motor skills gained during the preschool years.
3. Describe the way the preschool child learns.
4. Recognize the activities which foster the development of math skills during the preschool years.
5. Describe those activities during which the preschool child uses symbolic representation.
6. Describe the adult role in facilitating learning during the preschool years.

Self-Test

After studying the objectives and watching the video, take the self-test to check your progress.

1. Next to the following descriptions check those which best describe the typical preschooler.
   ____a. the trunk is shorter than the toddlers'
   ____b. fingers, arms, and legs lengthen
   ____c. the preschool child has a "pot bellied" look
   ____d. the preschooler's head appears smaller in relation to the rest of the body
   ____e. the face loses the chubby cheeks of the toddler
   ____f. the brow is less prominent than during toddlerhood
   ____g. eye-hand and hand-hand coordination have improved
   ____h. the child gains height but weighs less than a toddler

2. List three gross motor skills and three fine motor skills gained during the preschool years:

Gross Motor	Fine Motor
a.	a.
b.	b.
c.	c.

3. Describe three ways in which children learn

   a.

   b.

   c.

4. From the following list check those which foster the development of math skills during the preschool years:
   a. singing fingerplays using subtraction
   b. copying rows of numerals to learn to count
   c. reading counting books
   d. completing number tasks in workbooks
   e. cooking tortillas and determining if there is enough for everyone
   f. building with blocks to learn size, shape and balance
   g. filling and pouring to learn volume
   h. cutting out shapes drawn by teacher to learn shapes

5. List three activities during which children are using symbolic representation

   a.

   b.

   c.

6. Describe the ways in which adults facilitate learning during the preschool years

   a. materials

   b. environment

   c. adult assistance

Preschooler observation: Experimenting with a pendulum.

Observe the section in the video where the boy is playing with the pendulum. Write in detail the actions the boy performs.

Answer the following questions:

1. How many different targets did the boy use with the pendulum?
2. What problem solving behavior did you observe?
3. What did he do when he was successful?

   When he failed?
4. What was he learning?

20 Preschoolers: Social and Emotional Development

Overview

The preschool child moves into the new stage of initiative. New found activities are attacked with energy and eagerness. The child is curious and inquisitive trying to find what she can accomplish.

At the same time that the child is experiencing his new powers, he is also subject to strong emotions and fears. Especially troubling may be the issue of separating from the parent.

Friends become important during this stage of development. In order to be a friend, the child must learn to share, to cooperate and to resolve conflicts in a peaceful manner.

Parents and teachers help the child develop these social skills by providing an environment in which children have the freedom to explore. They help the child develop self control by imposing reasonable limits and being available to help when needed.

Questions To Consider

1. What behaviors are characteristic of initiative?
2. How do adults support the development of initiative in preschool children?
3. What do children learn from friends?
4. How do children learn from friends?
5. What are effective techniques adults use to guide children's behavior?

Vocabulary

Read these terms with their definitions before viewing the program.

Consequences The outcomes which arise naturally or logically from a particular circumstance.
External rewards The means used by adults to influence children's behavior. May be tangible - money, privileges or intangible - a smile or praise.
Guilt The feeling of being bad or troublesome.
Initiative The capability of actively carrying out ideas or reaching out into the world with confidence and assertiveness.
Internal rewards The positive feelings which result when accomplishing some task or completing an action.
Punishment The infliction of pain either physical or psychological used to control behavior
Socialization Learning skills that enable the child to fit into society.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Describe initiative during preschool years.
2. Describe the environment that fosters initiative.
3. Recognize that children experience strong emotions during the preschool years.
4. Identify the social skills which emerge during the preschool years.
5. Discuss the adult roles which facilitate the child's growing social skills.
6. Recognize effective ways of teaching children expected behavior.

Self-Test

After studying the objectives and watching the video, take the self-test to check your progress.

1. List three behaviors which are seen during the stage of initiative:

   a.

   b.

   c.

2. The environment which fosters the development of initiative is one in which adults
   a. give children total freedom.
   b. provide reasonable limits.
   c. offer limited choices.
   d. remove themselves from the situation.

3. Children in the stage of initiative are
   a. fearless.
   b. unable to overcome fears.
   c. subject to strong emotions.
   d. always on an even keel.

4. List four social skills children learn during the preschool years:

   a.

   b.

   c.

   d.

5. Discuss the ways in which adults help children learn social skills.

6. In the following list check those statements which illustrate the most effective way adults teach children expected behavior:

____a. The teacher applauds the child's successful efforts.

____b. The teacher ignores the child as the child learns new skills.

____c. The inattentive child is removed from the group and reprimanded for his inattention.

____d. The inattentive child is removed from the group quietly and helped to find another activity.

____e. The adult pays attention but does not interfere as the child successfully completes a task.

____f. Children are expected to know the rules.

____g. Children are given explanations and are helped to learn the rules.

____h. Parents and teachers provide gentle guidance.

21 Play

Overview

Play is an essential medium for learning and developing. Physical skills, cognitive learning, and social-emotional development are seen as key areas that are enhanced through play. Through play, children work out difficulties encountered in the real world. Play with objects leads children to think in new ways and to create novel solutions to real problems.

Play has been studied according to its social categories and content. Children's play, as distinguished from other activities, is involving, child directed and process oriented. Adults, however, do have a role in facilitating children's play by providing an environment conducive to play and assistance when needed.

Questions To Consider

1. What are children learning as they play?
2. Which areas of development are enhanced through play?
3. What is the importance of play?
4. What is dramatic, functional, and constructive play?
5. What is the progression of the social content of play?
6. How is play different from other types of activities?
7. What do adults do to enhance children's play?

Vocabulary

Read these terms with their definitions before viewing the program.

Associative play Takes place in a group with conversation and sharing materials, but each is doing his/her own thing.
Constructive play The activity of building and constructing objects with whatever materials are at hand.
Cooperative play Play in groups, where there is collaboration in the form of play, assignment of specific roles, and following of specific rules, as in a game.
Dramatic play The familiar "let's pretend" aspect of play.
Functional play Sensory exploration to find out what materials will do and what happens when you do something to them.
Parallel play Play occurs nearby another child, but there is no interaction.
Sociodramatic play Play with a partner which takes into account the imagination of the partner.
Solitary play Infants and all children play alone.
Symbolic play Play in which an object stands for something else and provides the basis for imagination (doll for baby, block for bed)

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Describe the ways play influences physical, cognitive, language, creativity, social, and emotional development.
2. Describe the significance of play.
3. Identify 4 types of play according to content.
4. Identify 4 social categories of play.
5. Describe 3 aspects of play.
6. Discuss the adult role in enhancing play.

Self-Test

After studying the objectives and watching the video, take the self-test to check your progress.

1. Stringing beads contributes to a child's
   a. physical development
   b. social development
   c. emotional development
   d. creativity

2. While playing on the slide, the child is gaining concepts of "up and down". This is part of
   a. physical development
   b. social development
   c. cognitive development
   d. creativity

3. Social skills are enhanced when children play
   a. alone
   b. together
   c. with toys
   d. without toys

4. Play offers children the opportunity to express
   a. only positive emotions
   b. only negative feelings
   c. both positive and negative feelings
   d. no feelings at all

5. In play children have
   a. the freedom to try things out
   b. the opportunity to express themselves
   c. a natural self healing process
   d. all of the above.

6. An example of symbolic play is
   a. using dough to represent a camera
   b. climbing on a slide
   c. placing a round block in a round hole
   d. all of the above.

7. Match each type of play in column I with its description in column II.

I.	II.
____a. Functional	1. Sean talks on pretend phone
____b. Games	2. Children create a sculpture
____c. Dramatic	3. Children play soccer
____d. Constructive	4. The child explores play dough

8. Match the social category of play in column I with its description in column II.

I.	II.
____a. Solitary	1. Play in groups, where there is collaboration and rules are followed.
____b. Parallel	2. Playing by oneself.
____c. Associative	3. Play in a group with conversation, sharing of materials, with each child doing his/her own thing.
____d. Cooperative	4. Play occurs nearby another child but there is no interaction.

9. Complete the following statements about aspects of play.

a. The child is completely ________________ in the activity.

b. The child is most interested in the ________________ of the activity.

c. The most meaningful play is ____________________.

10. The adult role is to:
a. be a resource
b. provide assistance when needed
c. direct children's play
d. set up an environment conducive to play
e. never get involved in children's play
f. become completely involved in children's play
g. extend children's play then step back

Observation

After completing the tape, review the sequence in which toddler Jamie is seen
1. playing with wooden trains
2. riding on a real train
3. preschooler Jamie playing with the electric trains.

Observe the sequence several times and answer the following questions:

1. In what ways does Jamie's play with trains change over time? Describe the changes in physical skills, language ability, and thinking.

2. How do real experiences with trains influence Jamie's pretend play with trains. Describe the level of control Jamie has in the real and pretend situations.

3. Identify the types of play according to the content seen in each play episode.

22 Language Development

Overview
As children grow in all areas of development, so do they develop in their ability to understand and use language.

Through each stage of development from infancy to the school age years, language becomes more complex and understanding broadens. At the same time children learn to speak, they are also learning skills which enable them to understand and create print (to read and write).

The acquisition of language is influenced by the adults who interact with the child and by the society or culture in which the child lives.

Language helps children reason and think, to communicate feelings and needs, and to relate to others.

Questions To Consider

1. How does language develop throughout childhood?
2. How are speaking, listening, reading and writing interrelated?
3. What do adults do to support language development in children?
4. In what ways do children vary their use of language?
5. What are the functions of language?

Vocabulary

Read these terms with their definitions before viewing the program.

Code switching Changing from one form of speech to another, depending on the audience.
Communication Giving and receiving information, signals or messages.
Conventional spelling Standard spelling.
Expressive language The ability to use words to express ideas, needs, and feeling.
Intonation The rise and fall of the voice in speaking.
Invented spelling Children spell words according to their perception of how the word sounds are produced.
Language A system of intentional communication through sounds, gestures or symbols that are understandable to others.
Literacy Demonstrated competence in communication skills appropriate to the age of the individual.
Receptive language The ability to respond to spoken words before the child has acquired spoken vocabulary.
Symbol Sounds, written words, drawings, actions or objects that stand for or signify something else.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Describe how language develops.
2. Identify the four aspects of language and describe their interrelationship.
3. Describe the stages of understanding print (reading) and creating print (writing).
4. Discuss environmental support for language and literacy development.
5. Describe two differences in language usage.
6. Identify 4 functions of language.

Self-Test

After studying the objectives and watching the video, take the self-test to check your progress.

1. Place "true" or "false" next to each statement.

____ a. Crying is the baby's first attempt to communicate.

____ b. Actual speech begins with the first word.

____ c. Receptive language develops after expressive language.

____ d. Language skills develop along with physical skills.

____ e. Children do not carry on conversations until they have command of words.

____ f. Gradually the child begins to connect sounds with events or words.

____ g. As vocabulary expands, sentences become more complex.

____ h. Language is marginally related to thinking and problem solving.

____ i. Language becomes more fluent as the child develops.

____ j. By middle childhood, children use language figuratively.

2. Name the four aspects of language.

a.

b.

c.

d.

Select the phrase which best completes each of the following statements:

3. Learning to read and write:
   a. occurs after children learn to speak.
   b. occurs at the same time as learning to speak.
   c. is unrelated to the development of speech.
   d. is sequentially learned.

4. Children learn to read and write:
   a. at the same age as all other children.
   b. naturally, with little environmental input.
   c. if they are in a print rich environment.
   d. if they are taught early.

5. Number the following stages of understanding print in the order in which they usually emerge:

____ a. The child realizes that the print tells the story.

____ b. The child reads with meaning.

____ c. Children enjoy exploring books alone or with adults.

____ d. A few words are recognized.

____ e. The child reads the story from the pictures.

6. Number the following stages of creating print in the order in which they usually emerge:

____ a. The first real letter the child produces is often the first letter of her name.

____ b. Conventional spelling, using standard forms, gradually appears.

____ c. Letter-like shapes are written.

____ d. Children use invented spelling to express themselves in writing.

____ e. The child makes letters which he relates to sounds.

____ f. The child scribbles and calls it writing.

7. Write 5 things adults do to facilitate the development of language and literacy in children:

a. ____

b. ____

c. ____

d. ____

e. ____

8. Complete the following statements about the differences in language usage and the functions of ______ language:

a. In the home or at school, children's use of language ______________________ .

b. This skill is called ______________________ .

c. In multilingual homes ______________________ .

d. Children use language to communicate ______________________ .

e. Language helps children understand ______________________.

f. A word or phrase represents ______________________.

g. The symbolic function of language enables children to ______________ and ______________ .

Language — From Words to Meaning

Arleen Prairie

"Da-da-da-da," at first was an interesting sound to ten-month-old Jerry. When he spilled out this sound string, his mother beamed back at him.

"Da-da-da-da," he blurted out through a burst of laughter.

Mother smiled and rephrased, "Da-da." "Da-da."

This word game was played daily. When Father came in the door, mother excitedly escalated the game. One day Jerry initiated the game when his father appeared. The celebration of meaningful language began as Jerry associated his first word with one of his favorite people.

Most of the first words recorded in his baby book are nouns -- kitty, baba (bottle), Sasa (Sasha, his big sister). Bye-bye and kiss, along with the appropriate actions, are also on the list. His father recalled the nouns Jerry used were objects or people he acted on -- grabbing the kitty, throwing the bottle and kissing Sasha.

From his first birthday to the second, not many more words were added to the list. Just before his second birthday he began asking, "What dis?" and "Dis?" Jerry's incessant questioning would tire his father. His father didn't see that Jerry had moved to a new stage called symbolic representation. Naming various objects was a new game for Jerry because he was grasping the meaning of the words. Those words he wanted represented something Jerry knew in real life.

"Mommy, " "Bunny," "Ca'," "Kitty tail," "Birfday cake," were nouns Jerry spoke. "Go bye!" and "No!" "Gimme now!" were demand words he used.

"Kitty," at first meant all the smaller sized furry animals Jerry saw outdoors on the walks to the store -- squirrel, dogs of all varieties, and rabbit. It was the word Jerry used for pictures of animals that stood on all fours: horse and cow -- but not a bear on two legs. The live horse he saw and his favorite toy bunny did not get the same label. Over time the animals in the books got their correct names, and the small live animals were called kitty less and less. The generalization that, "Kitty is a four legged animal, usually about the size of my kitty," was used for a short time. As Jerry experimented with more words, he used correct ones as he found them.

Jerry also had limited concepts of some words. One time Sasha teased Jerry with a word game. When Jerry asked for a bottle, Sasha started for the refrigerator with Jerry travelling eagerly behind. "You want a bottle?" she questioned, holding out a bottle of water. "No. Bottle!" Sasha would have tried the soda bottle in the game, except their father's look made her decide to give Jerry his own bottle. "Bottle" only meant one thing to this toddler.

Narrow concepts of words were challenged over a long period of time. His grandpa and grandma were farmers. As a toddler Jerry believed all grandparents were the same. It was in kindergarten that he learned only some grandparents were farmers.

Understanding jokes was evidence that Jerry understood words could have two meanings. By age five he was trying to exchange jokes with his sister. "Knock, knock." "Who's there?" "Jer." "Jer who?" "Jer-ry!" was his first attempt. By seven he was inventing responses clever enough to outwit his sister. "Knock, knock." "Who's there?" "Necklace." "Necklace who?" "Neckless people don't wear jewelry."

Jerry's trip to the Natural History Museum was the impetus for his collection of dinosaurs. At seven he knew the labels of several types: brontosaurus, tyrannosaurus, hadrosaurus. He classified and sorted them by herbivore and carnivore, Saurischia (reptilelike) and Ornithischia (birdlike). He would eagerly discuss when the different types lived and why they became extinct. This interest lasted more than three years. Concepts of these words developed from his own interest and from the museum, the models and the library, not from school or his parents (neither his teachers nor his parents could help him with any of this).

At ten Jerry didn't know the meaning of democracy. "It's one of the kind of people you vote for." But, a year later, Jerry had a lot of questions during the November election as vote fraud and electoral votes were presented in the news. "How can it be democratic with only two parties?" "Can the electoral college be different than the popular vote?"

At eleven Jerry developed a taste for books, devouring adventure stories and classics for children. As a teenager the world of adult literature was open to him. Jerry could discuss and write abstract concepts as shown by the final sentence of "Intergalactal Peace," a published essay completed his junior year of high school.

> "With no hierarchal social structure and an organized system for managing conflict, peace can be in all worlds."

How Jerry knew the meaning of his first word is not easily understood. Perhaps it was by association and repetition. After two, he seemed to have a grasp of the meaning before he asked for the word. As his thinking abilities developed, so did his concepts of words. At first these concepts were based on limited experiences, but were corrected and broadened.

The understandings of words followed his understanding and interest of his broadening concept of the world. During the schoolage years, this was based on concrete knowledge. When his thinking was able to handle abstract ideas, his language reflected this and his spoken and written word included literal and figurative use of language.

Language — From One Word to Complex Sentences

Arleen Prairie

The baby's first word carries with it all the meaning he intends. "Daddy," can mean, "Daddy, pick me up," "Hi, Daddy," or "Daddy, I want my blanket." This is a holophrase. It carries the whole meaning of a phrase in one word.

Between two and three years of age, the child uses two- then three-word phrases and sentences. Although the two-word phrases are usually incomplete sentences, they are in correct order. "See baby," "Bye-bye Daddy," "Allgone car," "More noise," are all examples of children's language in the same sequential order as if they were inserted into the full sentence, i.e., "I see the baby."

Once the complete, but brief, telegraphic sentence is used, it also is in correct order. "Daddy go car," "Me want it," both have the subject, verb, object order. The child communicates specific meanings in these short utterances.

The length of sentences blossoms during this expansion period that occurs sometime between two and five. This example from Language and the Preschool Child (Connell, 1984) shows a four-year-old's ability to clearly communicate his ideas in his drawing:

> Ben: "I drawed it."
> Teacher: "Did you?"
> Ben: "There's crayons over there, you know, and I've used 'em. I drawed it, but it hasn't got any colour on it."
> Teacher: "It hasn't got any colour on it?"
> Ben: "No, I mean name. (Ben traces his drawing with his finger.)
> This is where I went, the steamroller went around and around, over and over. Kept going and going... and here I did another one. I drawed it. Put my name on it."

As language expands, the preschooler experiments with different word order within sentences. The inclusion of the negative is one type.

> At two years: "No go car," "I no go car."

> At three years: "I don't want to go in the car," "I'll come with you, won't I?" "She never likes me."

Questions also take on different forms and word order.

> At the two word stage: "No milk?" "Mommy go?"

The inflection changes the statement to a question.

> At the three word stage: "Dat big too?" "See my bunny?" "Where my binky?"

> At advanced stage: "Does the train work?" "What you doing now?" "Where can this go?"

In the advanced stage, the child often uses wh- words at the beginning of the sentence and changes the word order.

As sentences develop in complexity, the child also is putting into effect a rule system for parts of grammar from the language heard. At the beginning, this rule is applied uniformly:

> Rule: 'Add s to a noun to make it plural.'
> train = trains, watch = watches, foot = foots, children = childrens

> Rule: 'Add -ed to a verb to form the past tense.'
> go = goed, draw = drawed

Once children form the rule, they are adamant in using it. Jean Berko.Gleason reports the following conversation with a four-year-old:

> C: "My teacher holded the baby rabbits and we patted them."
> A: "Did you say your teacher held the baby rabbits?"
> C: "Yes."

> A: "What did you say she did?"
> C: "She holded the baby rabbits and we patted them."
> A: "Did you say she held them tightly?"
> C: "No, she holded them loosely."

Gradually the child will reconcile the differences and begin using the irregular form of plural nouns and past tense verbs. Some of this overregularization occurs through age eight, for example, "We drawed this swimming pool."

Preschoolers use compound, complex and embedded sentences to some extent. Children often confuse the cause-effect relationship at this stage, as seen in the first example.

> "Leslie can't come 'cause she stayed home."
> "He went up here and he knocked him down."
> "I got the doll and I like it."
> "I woke up because I have no more sleep.'
> "I told him to do it."

The sentence length and complexity will continue to increase through schoolage and adolescence. Schoolage children are more likely to combine several simple sentences, as this example from the video clearly shows.

> "Not all of us are equal. I mean we're all equal in doing things, but maybe Clay's better at math than me, and maybe I'm better at spelling than her, and nothing is just all that way, like all men are better at baseball or all women are better at cooking." (Ann, age 11)

Adolescents have the ability to create complex sentences that have many clauses. The adolescent can develop many classes and relationships in their thinking so this can be applied to their language.

Thus, the child learns the structure of the language without formal lessons. From the time the young learner puts two words together, there is understanding of how the language works. The two and three words in telegraphic speech usually reflect the same word order of complete sentences, evidence that the child understands the sentence structure. The child initiates the word combinations herself, not imitating phrases she has heard from other speakers.

The patterns of sentence structure used that exhibit errors are the evidence that children are developing rules for language as they go along. Mistakes are often heard in English in negation (use of no), questions, irregular verbs and plurals. Rules are tried and negated until the rules match the language they hear.

The onset of new types of language structure appear in any language at about the same time. The growth of language understanding is closely linked with developmental abilities and, consequently, is heard in the language structures the child uses. This amazingly complex task is accomplished almost universally, inclusive of all languages, language environments and models before the onset of formal language learning in any school.

23

Self Identity & Sex Role Development

Overview

The question "who am I" is asked continually throughout our lifetimes. Self identity is a process which begins in infancy. The child gradually comes to see him or herself as a separate person who has certain characteristics which are or are not valued by the family, culture, and society. If the child feels valued and loved, a high or positive self esteem will result.

Children incorporate into their sense of self their gender identity. Depending on societal and familial expectations children learn what is considered appropriate behavior for boys and girls.

Parents socialize their sons and daughters into typical or non typical sex role behaviors by modeling the roles and reinforcing the desired behaviors.

Questions To Consider

1. What factors constitute self identity?
2. What is meant by cultural identity?
3. How do children learn who they are?
4. In what ways do family and society influence the child's developing self esteem?
5. In what ways do parents encourage less stereotypical behaviors in boys and girls?
6. How do children learn the behaviors which their family and society consider appropriate for boys or girls?

Vocabulary

Read these terms with their definitions before viewing the program.

Attachment An affectional tie between two people with a consistent desire for contact and closeness.

Cultural identity Knowing one's roots, recognizing and accepting group name.

Gender identity The knowledge that one is a boy or a girl.

Personal power The child has a sense that he or she can make things happen.

Reinforcement The process whereby a particular behavior is rewarded, thus ensuring its repetition.

Self esteem A person's evaluation of his or her own qualities that becomes a global judgement of self worth.

Self identity A person's sense of him or herself as a separate person, with particular characteristics.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Define self identity and cultural identity.
2. Discuss the development of self identity from birth through the school age years.
3. Discuss the influences on self esteem during the childhood years.
4. Describe sex role behavior seen in play.
5. Identify familial and societal influences on sex role concepts and behavior.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

Select the phrase which best completes the following statements.

1. Self identity refers to:
   a. a person's sense of her or himself.
   b. how one identifies oneself as male or female.
   c. how one characterizes him or herself socially or ethnically.
   d. all of the above.

2. Recognizing one's roots and accepting the group name is known as:
   a. gender identity.
   b. cultural identity.
   c. self esteem.
   d. all of the above.

3. Place in order the following descriptions of the development of self identity:

____a. the child knows own strengths and weaknesses.

____b. the child defines the boundaries between self and rest of world.

____c. the child sees self as a separate individual.

____d. the child observes self as a member of a particular racial and ethnic group.

4. Using the words in list below, fill in the blanks to complete the statements.

a. Children who feel ________________ and ________________ have high self esteem.

b. Success at problem solving __________________ self esteem.

c. High self esteem is linked to overall ______________, ______________, and ______________.

d. A sense of personal _______________ leads to _______________ self esteem.

e. Helping children achieve ________________ enhances self esteem.

f. A good sense of __________________ is an important ingredient in developing self esteem.

g. Children are ___________________ participants in the development of their sense of self.

achievement
active
attachment
behavior
boosts

growth patterns
high
loved
power
success
valued

5. Place "true" or "false" next to each statement.

____ a. Boys naturally prefer block play while girls play with dolls.

____ b. Children engage in stereotypical play if this behavior is modeled or reinforced by the parents.

____ c. Teaching new non-sexist terms broadens children's view of the roles of women and men.

____ d. Observing adults sharing household tasks has no bearing on sex role behavior.

____ e. Books and television have little influence on the behavior of girls and boys.

____ f. Sex role behaviors are shaped by the ways parents socialize their sons and daughters from infancy.

24 Moral Development

Overview

Early in infancy and through early childhood the prerequisites for moral development are laid. The early parent-child relationship, the development of a conscience and moral judgment expose developmental concepts. The theories of psychoanalytic, social learning and cognitive development explain quite different views of moral development.

Specific suggestions and guidelines for adults can be used to strengthen moral development of the children around them. With concern and support the child who has developed concern for others, a conscience, and moral judgment has the base needed to live as a moral and responsible human being.

Questions To Consider

1. What influences the moral code of a society?
2. What is the purpose of a moral code?
3. What does early relationship with a parent have to do with moral behavior?
4. How does conscience develop?
5. How is moral behavior different from moral judgement?
6. Why does physical punishment have a negative effect on developing a strong conscience?

Vocabulary

Read these terms with their definitions before viewing the program.

Amoral Behavior Behavior that is due to ignorance of what the social group expects rather than intentional violation of the group's standards.

Conformist In the second of Kohlberg's levels of moral development the child does the accepted thing to gain the approval of others.

Ego According to Freud, that part of the personality considered to be the rational, conscious decision maker.

Id According to Freud, that part of the personality which consists of primitive instincts toward sexuality and aggression.

Identification The process of taking on behaviors, traits, and qualities of a model that one wants to copy.

Immoral Behavior Behavior that fails to conform to social expectations due to disapproval of social standards or to lack of feeling of obligation to conform.

Moral Behavior Behavior in conformity with the moral code of the social group.

Moral Code Society's code that tells people how they are supposed to behave, including laws and unwritten rules for thoughts, actions, and relationships.

Objective Morality Evaluation of acts based on consequence with no allowance for intent.

Premoral The first of Kohlberg's three levels of moral development when the child is mainly concerned with self and not with the welfare of others.

Principled The third and highest of Kohlberg's levels of moral development when one will act according to personal principles regardless of whether others approve.

Reinforcement In operant conditioning, the experimental procedure of immediately following a response with a reinforcer which may be negative or positive in nature depending on the desired outcome.

Reward An item, object, attitude, or event perceived as pleasant.

Social Learning Theory A theory proposing that much is learned through observing models and adopting their traits, values, attitudes or behaviors.

Subjective Morality Evaluation of acts based on rules of society but also considering the intent of the person.

Superego In Freud's theory, this subconscious part of the personality – or conscience – develops as the child internalizes parental and societal values and standards.

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Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Define or select an example of these terms as used in this module: morals, moral behavior, amoral behavior, immoral behavior, conscience, moral judgment, moral code.
2. List five categories of the moral code learned during childhood.
3. Name and describe three necessary conditions for the development of moral behavior.
4. List three ways conscience is developed.
5. Identify a statement representing each of three theories of moral development.
6. Identify moral judgments made by older and younger children.
7. Name five techniques which strengthen positive moral behavior and give an example of each.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

Multiple Choice: Circle the correct answer in each of the items below.

1. Morals are standards
   a. of right and wrong.
   b. determined by the culture.
   c. both unwritten and written in law.
   d. all of the above.

2. Jane, age 18 months, takes a piece of candy at the grocery store without paying. Her behavior would be considered
   a. moral.
   b. immoral.
   c. amoral.
   d. none of the above.

3. Tim, age eight, takes a piece of candy at the grocery store without paying. His behavior would be considered
   a. moral.
   b. immoral.
   c. amoral.
   d. none of the above.

4. Psychoanalytic theorists sometimes refer to the conscience as the
   a. id.
   b. ego.
   c. superego.
   d. libido.

5. A knowledge of reasons for behavior developed as the child matures is called
   a. moral judgment.
   b. moral behavior.
   c. moral actions.
   d. adult morality.

6. The set of rules that tells us what is "right" and "wrong" and varies according to people and place is referred to as the
   a. moral dilemma.
   b. immoral code.
   c. moral code.
   d. moral judgment.

7. Which of the following factors influence the way we judge the behavior of a given individual?
   a. age
   b. sex
   c. occupation
   d. all of the above

8. List five categories of the moral code learned in childhood.

   a. ______________________________

   b. ______________________________

   c. ______________________________

   d. ______________________________

   e. ______________________________

9. In column I name three necessary conditions for development of moral behavior; in column II briefly describe each condition.

I	II
a. ______________	a. ______________ ______________
b. ______________	b. ______________ ______________
c. ______________	c. ______________ ______________

10. List three ways a conscience is developed.

   a. ______________________________

   b. ______________________________

   c. ______________________________

11. For each statement of moral development match the theory it represents.

1. Psychoanalytic
2. Social Learning
3. Cognitive

_____ a. Children base their moral judgments on their growing knowledge of the world.

_____ b. The superego stops powerful inner drives that conflict with rules of society.

_____ c. Children imitate the person with whom they have a warm relationship, who is the same sex or are like them in other ways.

12. Moral judgments are made differently by older and younger children. Place a number 1 or 2 next to the statement to indicate if it is made by a younger or older child.

1. Child under seven.
2. Child over seven.

_____ a. "The boy who broke the most cups is wrong."

_____ b. "The boy who wanted the cookie was wrong because he did the wrong thing."

_____ c. "The boy who set the table was not wrong because he was only trying to help."

_____ d. "It doesn't matter that the boy was trying to help, he broke the most cups."

13. Name five techniques which strengthen positive moral behavior in column I and give an example for each in column II.

I	II
a. ______________________	a. ______________________ ______________________
b. ______________________	b. ______________________ ______________________
c. ______________________	c. ______________________ ______________________
d. ______________________	d. ______________________ ______________________
e. ______________________	e. ______________________ ______________________

25 Middle Childhood: Growth and Development

Overview

During the middle years of childhood from 6 to 10 years gradual advances take place in physical growth, physical coordination for games and sports self-concept, cognition and language. The rate of growth tapers off, allowing for higher energy levels and improved motor coordination. The child' s growing understanding of self is affected by physical appearance and size, health and coordination.

Maturing intellectual capability ushers in new approaches to understanding the world and activities and hobbies characteristic of the middle years. Assumptive reality offsets their relationships with adults, reactions to rules and choices of jokes, riddles and literature. The particular cognitive style emerging at this time tends to stay with the individual through time.

During the middle years the child expands earlier concepts through accumulation of experiences and the increased ability to process information. The mastery of language in speaking, reading and writing play a major role in concept formation.

Questions To Consider

1. How does the slower growth rate offset the ability to play ball in the middle years?
2. What are negative influences on self-concept?
3. What are ways children use their expanding abilities in thinking?
4. How do concepts develop and change during middle childhood?
5. How does language affect learning?
6. What is the relationship between physical growth and intellectual development?

Vocabulary

Read these terms with their definitions before viewing the program.

Anatomical Changes Changes in the structure of living things; development of body parts.
Assumptive Reality Child is unable to alter hypotheses to fit contrary evidence.
Classifying Selecting the common quality of a group of objects.
Cognitive Ability The ability to think, reason, solve problems, control behavior, use and understand language for communication, and process information.
Cognitive Conceit Child assumes if parents do not know everything they know nothing.
Cognitive Style Types of approaches to thinking.
Concept An idea which stands for a large number of particular sense perceptions.
Concrete Operations Stage 3 in Piaget's shema of cognitive development, which lasts from 7-11 years of age.
Conservation Certain properties remain constant in spite of changes in other properties.
Decenter The ability to shift focus or center of attention from one part of a situation to another.
Developmental Tasks Those things an individual must learn in order to achieve healthy and satisfactory growth in our society.
Egocentric Thinking Patterns of thought in which the child believes he is the center of his universe.
Ordering Arranging objects in an increasing or decreasing relationship.
Peers Age mates; friends of the same age.
Physiological Changes Changes in the functioning of living things and their organs; development of body systems.
Reversibility The ability to reverse pathways of thought.
Sociocentric Thinking Patterns of thought oriented to reality or the outer world.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Describe five changes in physical growth which take place during middle childhood.
2. Recognize the relationship between five physical characteristics and their influence on self-concept.
3. Identify five characteristics of thinking in middle childhood.
4. Define the following terms: classify; order; cognitive conceit; concept; reversibility; decenter.
5. Identify four types of cognitive styles.
6. Identify four factors which influence the development of concepts.
7. State three developmental tasks related to physical growth and concept development.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. In the list below, place an X next to the description of physical changes which occur in middle childhood.

_____ a. Girls are taller and heavier than boys.

_____ b. Heads are smaller in comparison to height.

_____ c. First teeth are being replaced.

_____ d. Weight increases suddenly.

_____ e. Digestive upsets are less frequent.

_____ f. Growth rate accelerates.

_____ g. Maturation of heart is complete.

_____ h. Children are subject to fewer communicable diseases.

_____ i. Physical coordination has improved appreciably.

2. The child's self-concept, an important factor in development, is affected by physical characteristics. Match the physical characteristics listed in column I with one feeling that affects a child's self-concept from column II.

I	II
_____ a. short	1. successful
_____ b. tall	2. less competent
_____ c. overweight	3. more competent
_____ d. chronically ill	4. lacks stamina
_____ e. eats poorly	5. rejected
_____ f. well coordinated	6. isolated

3. Match the characteristic of thinking in column I with its description in column II.

I	II
_____ a. flexibility	1. Certain properties remain the same in spite of changes in other properties.
_____ b. concrete operations	2. Uses past experience, works along more logical lines.
_____ c. conservation	3. Egocentrism of middle childhood.
_____ d. assumptive reality	4. Understands and uses principles of relationships between things and ideas.

4. Match the terms in column I with the best definition in column II.

I	II
____ a. classify	1. An idea which stands for a large number of particular sense perceptions.
____ b. cognitive conceit	2. Select the common quality of a group of objects.
____ c. concept	3. Ability to shift focus of attention from one part of a situation to another.
____ d. order	4. Arrange objectives in an increasing or decreasing size or other aspect.
____ e. reversibility	5. Assumption that if parents do not know everything, they know nothing.
____ f. decenter	6. Ability to shift pathways of thought forward and backward.

5. Match the cognitive style in column I with its description in column II.

I	II
____ a. analytical	1. Answer quickly-could be wrong.
____ b. thematic	2. Answers take time.
____ c. reflective	3. Study components before answering.
____ d. impulsive	4. Respond to total situation.

In the following items select the phrase which completes the statement or answers the question.

6. Concepts are first acquired
   a. through instruction.
   b. through direct experience.
   c. when seeing television.
   d. uniformly.

7. Which of the following statements is true?
   a. Children during middle years acquire concepts only through concrete experiences.
   b. Concepts, once achieved, are rarely changed.
   c. Children during middle years acquire concepts through books, movies, and television.
   d. Concepts of a middle-years child are based on accurate perceptions of their world.

8. Through the various stages of thinking, concepts
   a. are affected by children's ability to process information.
   b. remain unaffected by experience.
   c. are unchanged by accumulation of perceptions.
   d. are static tools to think with.

9. Concepts
   a. are universal.
   b. vary according to class and culture.
   c. relate only to individual experiences.
   d. all of the above.

10. State the developmental tasks related to physical growth and concept development.

a. ____

b. ____

c. ____

26 Middle Childhood: Society of Children

Overview

Personalities of children are shaped from the beginning of life by experiences within their families. As they grow older the influences of society on personality are felt, mediated first through parents, and then through peers. Peers influence how children feel about themselves. They assist in the struggle for independence and reinforce acceptable sex role identity and behavior.

This influence takes place within the society of children which exists alongside adult society. Childhood traditions are passed from one generation of children to another. Success or failure in this society is dependent on the nature of the child's emotional and social personality.

Social and emotional changes influence development: the peer group, how children feel about themselves and others, and which developmental tasks must be successfully accomplished before the child is ready to leave the society of children.

Questions To Consider

1. What influence does the larger society have on the child's personality?
2. What influence does parent behavior have on the child's personality?
3. Describe a good model for parent behavior toward the schoolage child.
4. How do children acquire prejudice and racial stereotypes?
5. What questions get answered about the self from within the peer group?
6. Why are children cruel to the outsider?
7. What are common fears of middle childhood?

Vocabulary

Read these terms with their definitions before viewing the program.

Age-mates	Peers; friends of about the same age.
Conduct Problems	Antisocial behavior such as lying, stealing, or vandalism.
Independence	Freedom from influence or control of parents.
Like-Sex Groups	Sexually segregated groups; that is, boys with boys, and girls with girls.
Phobia	A persistent, morbid, extreme fear.
Prejudice	Negative attitudes directed toward members of groups seen in terms of racial, religious, or ethnic attributes.
Prosocial Behavior	Caring about others; altruism.
Scapegoat	The one on whom others vent their frustrations and resentments.
Society of Children	The community of children which coexists within the society of adults. It is characterized by a reverence for rituals and rules and close peer relationships.
Stereotypes	Fixed, often unrealistic views of others.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Identify five factors which influence personality development in middle childhood.
2. Recognize three areas of development which are influenced by the peer group.
3. Describe three characteristics of the society of children.
4. Recognize four categories of social and emotional behaviors of middle childhood.
5. State four developmental tasks related to social development in middle childhood.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. There are many factors which influence personality development. Below the following statements write the factor which is described.

a. Some parents encourage their children to become independent and autonomous.

b. Boys have traditionally been granted greater freedom than girls.

c. First-born children tend to be more conforming, cooperative, and achievement-oriented.

d. Children's attitudes are influenced by the way they see ethnic groups portrayed in the media.

e. Working-class parents tend to insist on obedience and conformity.

2. In column I name three areas of development which are influenced by the peer group. In column II, give a developmental task related to each.

I *Areas of Development*	II *Developmental Tasks*
a.	a.
b.	b.
c.	c.

Multiple Choice: Circle the letter of the best answer in the items below.

3. Select the phrase which is most descriptive of middle-years children
   a. Children share experiences with parents.
   b. Children turn away from family toward peers.
   c. Adults are welcome into the children's domain.
   d. Adult control is welcomed.

4. Childhood traditions
   a. vary greatly from country to country.
   b. vary from generation to generation.
   c. are passed almost intact from generation to generation.
   d. follow no established ritual.

5. Peer groups
   a. are generally mixed sexually.
   b. are organized with a purpose.
   c. remain large and loosely organized.
   d. have little heirarchy of leadership.

6. Prosocial behavior
   a. is influenced by parental example.
   b. arises spontaneously.
   c. cannot be discouraged.
   d. is unrelated to previous experience.

7. New fears arise in middle childhood. These are fears of
   a. separation and strangers.
   b. rejection and success.
   c. school and death.
   d. shadows and darkness.

8. Aggressive behavior may be curbed by
   a. disciplining children severely.
   b. encouraging competition between children.
   c. letting children watch aggression on TV.
   d. teaching children to handle frustration.

9. The most typical conduct problems in middle childhood are
   a. temper tantrums and biting.
   b. lying and stealing.
   c. name calling and throwing things.
   d. sexual delinquency and looting.

10. Write a developmental task related to social groups and institutions.

____

____

27 Middle Childhood: Sense of Industry

Overview

Middle childhood is considered the age of industry – the time when children learn the skills their society considers important. Children test themselves in new situations. They set standards for themselves and try to measure up to the standards set by others.

Their performance in meeting new challenges depends on how strongly they desire to achieve and succeed. Those who meet these standards feel more capable and self-assured. Those who fail experience a loss of self-esteem or a sense of inferiority.

Children are not alone in their efforts to achieve and become competent. Parents and teachers may support or discourage the development of the sense of industry. Parenting styles and guidelines used for solving problems have a profound influence on self-esteem and the sense of industry. Parent-child conflicts can be resolved where children make decisions and gradually move toward independence. Some decisions are more the child's responsibility but others remain in the parent's domain.

School should be a place where children master skills and feel pride in achievements. Children best learn when their teacher encourages individual initiative, self-esteem and social responsibility.

At home the attitudes children encounter and the guidance and discipline they receive all contribute to their sense of industry or inferiority.

Questions To Consider

1. What influences a sense of industry? a sense of inferiority?
2. What are characteristics of a child raised with a democratic style of parenting?
3. What are prevalent parenting styles you know or observe today?
4. What is the difference between discipline and punishment?
5. What guidelines in discipline are both effective with children and enhance their independence?
6. How do teacher's attitudes toward personality, gender roles and race affect children's accomplishments?

Vocabulary

Read these terms with their definitions before viewing the program

Authoritarian Relating to restrictive, demanding, and highly controlling behavior.

Authoritative Relating to setting reasonable, age-appropriate rules and standards, and encouraging autonomy and self-reliance in children.

Democratic Relating to behavior which is low in intrusive psychological control and which encourages autonomy.

Discipline The rules and expectations that regulate a child's conduct.

Industry According to Erikson, the period between 6-11 years when children are concerned with how things are made, how they work, and what they do.

Inferiority Children's feelings that they are worthless individuals because their efforts are met with constant failure.

Laissez-faire Behavior characterized by noninterference; that is, letting children do as they please.

Permissive Relating to noncontrolling, nondemanding, relatively warm behavior, which is lacking in discipline.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Identify five components of the sense of industry.
2. Name and describe three styles of discipline most commonly used by parents.
3. Indicate six guidelines for socializing middle-years children, which best support the development of industry, and describe each one.
4. Identify four characteristics of schools and teachers which encourage development of industry and give an example of each.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. Below the following descriptions, state the component of the sense of industry which is being described.

   a. The members of the Little League team are disappointed because they lost a game they tried hard to win.

   ____

   b. Mike and Sam hope to earn several dollars from their lemonade stand.

   ____

   c. Tutoring Susan helps Mary to perfect her own knowledge of the subject.

   ____

   d. Jeanne has researched and written a paper on rockets. Her teacher praises her for the fine job she has done.

   ____

   e. Frank and Ethel are cochairpersons on the committee to plan the class picnic.

   ____

2. Listed below are the three styles of discipline most commonly used by parents. Describe each one briefly.

   a. Authoritarian: ____________________

   b. Permissive: ____________________

   c. Democratic: ____________________

3. In column I, name the six guidelines for socializing middle-years children which best support the development of industry; in column II, give an example of each.

I	II
a. ____________	a. ____________
b. ____________	b. ____________
c. ____________	c. ____________
d. ____________	d. ____________
e. ____________	e. ____________
f. ____________	f. ____________

4. Give an example of each of four characteristics of schools or teachers which encourage development of industry at this age.

   a. ____________________

   b. ____________________

   c. ____________________

   d. ____________________

28 Adolescence: Physical Growth and Development

Overview

The onset of puberty brings many physical changes in adolescents. Hormonal changes stimulate the growth in size and shape, the development of secondary sex characteristics, and the feelings of mature sexuality. The timing of these changes varies among individuals. Early or late maturation has both negative and positive impacts on the self concept.

There is increasing openness of discussion and acceptance of sexual activity by both sexes. A variety of current problems are brought about by this increased sexual activity: sexually transmitted diseases, including the HIV virus, and early pregnancies. The use of drugs, alcohol and cigarettes continues to be high. Health and nutrition add to the problems of this tumultuous period.

Questions To Consider

1. What is meant by the term puberty?
2. What changes signal the onset of puberty?
3. In what ways do boys and girls change physically during adolescence?
4. What are the differences in growth rate and timing between adolescent girls and boys?
5. How do adolescents feel about themselves as they go through the changes occurring during puberty?
6. Why do some teenagers become sexually active and why do some abstain?
7. What are the hazards to adolescent growth and development?

Vocabulary

Read these terms with their definitions before viewing the program.

Adolescence The period that begins with puberty and ends with the achievements of identity formation.

Anebolic Steroids Synthetic male hormones which build muscles and increase aggressiveness.

Anorexia Nervosa An eating disorder in which the individual, usually female, restricts eating sometimes to the point of starvation.

Body Image The individual's mental conception and attitudes towards her or his physical appearance.

Bulimia An eating disorder in which the individual, usually female, gorges with food and then purges with laxatives or induces vomiting.

Hormone A biochemical secretion of the endocrine gland that is carried by body fluids to an organ or tissue and acts as a stimulant.

Hypothalmus A gland located in the brain which triggers hormone production in the pituitary gland.

Menarche The first menstrual period.

Pituitary Gland A gland located at the base of the skull which triggers increased hormone production in the sex glands and adrenal glands.

Primary sex characteristics Organs which are directly involved in reproduction.

Puberty The period of rapid physical and sexual changes during which the individual achieves adult size and shape and is capable of sexual reproduction.

Pubic The area near the genitals.

Secondary sex characteristics Those characteristics while not directly related to reproduction are clearly signs of sexual development.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Define the terms: puberty, adolescence.
2. Describe the hormonal changes which trigger the onset of puberty.
3. Recognize five physical changes in boys and girls which occur during puberty.
4. Identify three primary and three secondary sex characteristics of boys and girls which appear during sexual maturation.
5. Name five factors which influence when puberty occurs.
6. Discuss the influence of early and late maturation on the self concept.
7. Identify the issues associated with physical growth during adolescence.
8. Identify the factors which influence the adolescent's decision about sexual activity.

Self-Test

After studying the objectives and watching the video, take the self-test to check your progress.

1. Write the definitions of the following terms:

   a. adolescence

   b. puberty

2. Complete the following sentences using the terms listed below:

estrogen
growth hormone
hypothalmus
ovaries
pituitary
progesterone
sex characteristics
testes
testosterone

Puberty begins when the ____________________ secretes hormones which signal the ________________ to send hormones to the ________________ and the______________. The ________________ increase production of ________________. The ______________ increase production of ________________ and ________________.

The ________________ triggers a growth spurt and the emergence of the ________________.

3. List 5 physical changes which occur in boys and girls during puberty.

   a.

   b.

   c.

   d.

   e.

4. Three primary sex characteristics of females are:

   a.

   b.

   c.

5. Three primary sex characteristics of males are:

a.

b.

c.

6. Three secondary sex characteristics of females are:

a.

b.

c.

7. Three secondary sex characteristics of males are:

a.

b.

c.

8. List five factors which influence the timing of puberty.

a.

b.

c.

d.

e.

9. Choose the phrase which best completes the statement:

Young people are more accepting of the physical changes in puberty when they:

a. have less information about the changes
b. mature later than peers
c. value academic achievement more than physical maturity
d. mature earlier than peers

10. Early maturing boys feel positive about themselves if they:

a. come from a society where physical strength is devalued
b. do better in sports
c. smoke, drink, and get into trouble with the law
d. are less popular with girls.

11. Early maturing girls may feel negative about themselves if they:

a. are teased by male classmates
b. come from families which value traditional roles for females
c. are not pressured to engage in sexual intercourse
d. date older boys

12. Next to each statement place a T if true, or an F if false.

a. ____ The majority of adolescent girls tend to exercise regularly

b. ____ Exercise enhances self esteem and confidence

c. ____ During the growth spurt adolescents need fewer calories, vitamins, and minerals

d. ____ Nutrition during adolescence has limited influence on body size

e. ____ Drug use interferes with getting adequate nutrition

f. ____ Adolescents are preoccupied with their appearance and body image

g. ____ Teen age girls may diet excessively to achieve their body ideal

h. ____ Teen age boys may safely take anebolic steroids to build muscles

i. ____ Sexually active adolescents most likely use contraceptives

j. ____ In the U.S. girls under 15 years are less likely to become pregnant than same age girls in other developed countries

k. ____ Most teens who become mothers tend to give up their babies for adoption

l. ____ Babies of teen mothers are at higher risk for physical and developmental problems

m. ____ Teenagers are at great risk for sexually transmitted diseases because of lower use of condoms

n. ____ For the majority of adolescents alcohol and drug use is largely experimental

o. ____ Alcohol related accidents are the leading cause of death among teenagers

13. Name four factors which influence the adolescents' decision about sexual activity

a.

b.

c.

d.

29

Adolescence: Cognitive and Moral Development

Overview

The physical changes of puberty are accompanied by changes in adolescent thinking and moral reasoning. As adolescent thinking becomes more logical and abstract, it is limited by adolescent egocentrism.

The type of schools that foster adolescent thinking and learning are those which provide a variety of academic experiences and encourage interactions between students and teachers, and students and students.

Adolescents are receptive to their culture, to the models they see at home, in school and in the mass media. These observations influence moral reasoning and moral behavior. Decisions regarding sexual behavior are influenced by their ability to think and reason, their values, and their educational experience.

Questions To Consider

1. How do adolescents think?
2. What do adolescents think about themselves?
3. What are the best schools for adolescent learning?
4. What is the difference between moral reasoning and moral behavior?
5. What influences the adolescent's decisions regarding sexual behavior?

Vocabulary

Read these terms with their definitions before viewing the program.

Abstract Thinking The ability to manipulate ideas, imagine possibilities and to understand and use symbols.
Adolescent Egocentrism A characteristic of adolescent thought that leads the young person to think of his or her own case as unique.
Analogy Reasoning in which from certain observed relations others are inferred.
Cognitive The aspect of human development that includes the mental processes through which the individual learns.
Formal Operations The stage of thinking in which logical and abstract thought becomes possible.
Hypothesis A set of assumptions provisionally accepted as the basis of experiment.
Imaginary Audience Adolescents imagine themselves to be under constant scrutiny.
Invincibility Fable The idea that one is immune to normal troubles and dangers.
Personal Fable The adolescents' idea that they are special and destined for great accomplishments.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Identify the characteristics of adolescent thinking.
2. Describe what is meant by adolescent egocentrism.
3. Describe the aspects of education which are likely to foster adolescent learning and thinking.
4. Identify the characteristics of moral reasoning and moral behavior during adolescence.
5. Identify the factors which influence decision making regarding sexual behavior.

Self-Test

After studying the objectives and watching the video take the self-test to check your progress.

1. List four characteristics of adolescent thinking:

   a.

   b.

   c.

   d.

2. Complete each of the following statements about adolescent egocentrism:

a. Adolescents believe nothing can happen to them, that they are ____________________.

b. Adolescents see themselves as ______________ and ______________. This is known as the ____________________ fable.

c. Adolescents create an ________________ audience. They think everyone is _______________ them.

3. Describe the type of school that increases the adolescent's capacity for formal operational thinking:

Next to each statement write the letter of the phrase which best completes the statement.

4. ____ Moral reasoning and moral behavior
   a. always are in harmony
   b. frequently do not correlate
   c. do not respond to peer pressure
   d. are rarely questioned by the adolescent

5. ____ Parents influence the adolescents' decisions regarding sexual behavior by
   a. the way they offer information about sex
   b. their even approach to the topic with both sons and daughters
   c. their willingness to face the issue of adolescent sexuality
   d. all of the above

6. ____ The school's most successful approach to sex education is
   a. the biological, mechanical
   b. to focus on teens who are already sexually active
   c. innovative involving the teens
   d. none of the above

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Adolescence: Social & Emotional Development

Overview

The search for identity is one of the major tasks of adolescence. This search for a mature identity may be long and difficult for some. In the process of identity formation the adolescent may be in several categories at one time, each corresponding to a different aspect of their life - political, sexual, religious, and vocational.

Parents have a significant role in the adolescent's quest for identity and independence. Parenting styles affect the ease in which the roles of family members are adjusted to accept the gradual shift to the teenagers' independence. The values and ideals of the parents surprisingly correlate with the adolescent on serious matters, but for music, dress, dating and social patterns the peer group dominates.

The identity within the peer group takes prominence because of the not-yet-achieved self identity of the adolescent. The peer group offers a solid front during this time and a chance for status within. As the individual matures the group changes in composition, with the inclusion of both sexes.

Questions To Consider

1. How are the questions of identity formation answered?
2. What influence do politics, schooling, gender, and culture have in identity formation?
3. In what ways do families influence identity formation?
4. Is adolescence a time of storm and stress?
5. How important are friends in the quest for independence?
6. How do different parenting styles affect adolescents?

Vocabulary

Read these terms with their definitions before viewing the program.

Authoritarian Parenting Style Parents are punitive, rejecting and scolding. Child's view is rarely taken into consideration.
Authoritative Parenting Style Warm, nurturing parents who control with explanations. Child's view is taken into consideration.
Diffusion Adolescents' apathy regarding defining who they are.
Foreclosure Premature identity formation.
Identity The attempt to define oneself as a unique person.
Independence Identity formation is an individual process.
Interdependence The individual and the family are part of the identity formation process and are included in the identity.
Moratorium A time out during which adolescents experiment with alternative identities.
Permissive Parenting Style Parents allow a great deal of freedom and impose few rules. May want a *buddy* relationship with child.
Rejecting/Neglecting Parenting Style Parents do not express emotional attachment to their children. Lack of communication with or support of children.

Instructional Objectives

When you have successfully completed this module, you will be able to:

1. Define the terms: Identity, foreclosure, moratorium, diffusion.
2. Describe the process of identity formation during adolescence.
3. Identify four types of identity.
4. Identify the factors which influence the relationship between adolescents and their parents.
5. Describe the socializing role of peers during adolescence.

Self-Test
After studying the objectives and watching the video, take the self-test to check your progress.

1. Next to each definition write in the appropriate term.

______________________ a. Adolescents experiment with different identities.

______________________ b. The adolescents are apathetic about defining who they are.

______________________ c. The attempt to define oneself as a unique person.

______________________ d. The adolescent does not question things but does what is expected of him by parents and society.

2. Describe how each of the following affects the process of identity formation:

a. The supporting role of the family

b. Ethnic or traditional values which differ from mainstream culture

c. Conflict between original culture and mainstream culture

d. Attending college, joining military or peace corps

3. Name four types of identity:

a. ______________________________ c. ______________________________

b. ______________________________ d. ______________________________

4. Next to each statement place a T if *true* or an F if *false*

____ a. Adolescence is always a time of stress and struggle with parents.
____ b. Adolescents frequently become over critical of their parents.
____ c. Adolescence should be seen as a time to renegotiate the relationship between parents and child.
____ d. Authoritarian parents are nurturing and warm towards their children.
____ e. Permissive style parents often form *buddy type* relationships with their children.
____ f. Adolescents in two parent families may try to play parents against each other.
____ g. Single parent families experience more conflict because adolescents are given less responsibility.
____ h. In low income communities parents who tend to monitor their adolescents always have more conflict with them.
____ i. Parents with less education may become frustrated by the endless debate teenagers favor.
____ j. By late adolescence most families have found harmony.

5. List the three main functions served by the peer group during adolescence:

   a.

   b.

   c.

Next to each statement write the letter of the phrase which best completes the statement:

6. Younger teens when compared to older teens

   a. place more emphasis on conformity
   b. are more tolerant of individuality
   c. are more likely to be in girl-boy friendships
   d. are less concerned about peer acceptance

7. Peer groups tend to

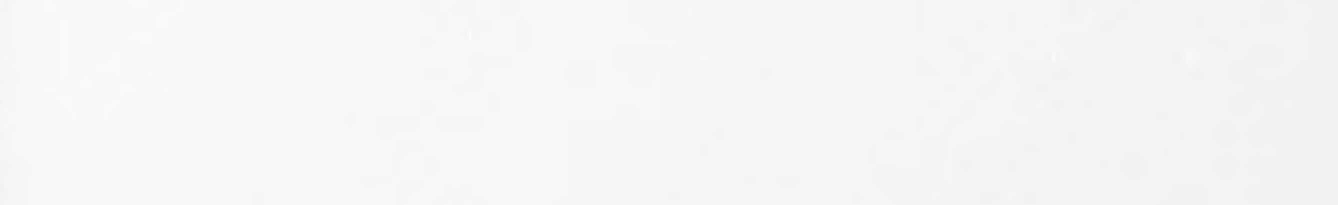
   a. be similar in all circumstances
   b. be made up of friends who come from different social and economic backgrounds
   c. differ within the larger community of adolescents
   d. have little impact on self esteem

8. In the dating process peers

   a. have little or no influence
   b. rarely function as go-betweens
   c. usually apply pressure to the couple to become intimate
   d. often support the couple's decision to abstain from intimacy until marriage

THE
DEVELOPING
child

SELF-TEST
ANSWER KEY



Module 1 Observation

Answers to Self-Test

1. d. 2. b. 3. c. 4. a. 5. c.
6. a. 3
   - b. 6
   - c. 5
   - d. 2
   - e. 1
   - f. 4
7. a. cognitive
   - b. emotional
   - c. physical
   - d. social
8. anecdotal record
9. running record
10. a. personal bias
    - b. value judgements
    - c. objective
    - d. identifying
    - e. ages and stages

Module 2 Study of the Child: History and Trends

Answers to Self-Test

1. b
2 a
3. d
4. a. 6
   - b. 5
   - c. 2
   - d. 3
   - e. 1
   - f. 4
5. a. 4
   - b. 6
   - c. 1
   - d. 2
   - e. 3
   - f. 5
6. a. reassurance
   - b. conflicts
   - c. laboratory
   - d. field
   - e. cross-sectional
   - f. longitudinal
7. a. 2
   - b. 4
   - c. 1

Module 3 Theories of Development

Answers to Self-Test

1. a. History at the time of conception
   - b. Events in the personal life of the theorist
   - c. Cultural context
2. The nature-nurture issue raises the question of whether one develops as the result of inherited characteristics or because of external influences in the environment.
3. An approach which explains development in terms of the interaction of both heredity and environment.
4. a. Gesell
   - b. Skinner
   - c. Freud
   - d. Freud
   - e. Piaget
   - f. Erikson
   - g. Skinner
   - h. Gesell
   - i. Skinner
   - j. Skinner
   - k. Erikson
   - l. Freud
   - m. Piaget
   - n. Freud
   - o. Piaget
   - p. Freud
   - q. Skinner
   - r. Freud
   - s. Erikson
5. a. Sensorimotor stage
   - b. Preoperational stage
   - c. Concrete operations stage
   - d. Formal operations stage
6. a. Trust versus mistrust
   - b. Autonomy versus shame and doubt
   - c. Initiative versus guilt
   - d. Industry versus inferiority
   - e. Identity versus role confusion
   - f. Intimacy versus isolation
   - g. Generativity versus stagnation
   - h. Integrity versus despair
7. Any three answers such as those suggested:
   - a. Psychosexual: Handling practical care of young children in feeding, toilet training, or sexual awareness.
   - b. Maturation: Know when specific behaviors or skills will occur; look for readiness to learn.
   - c. Cognitive: Preparing environment with appropriate materials for learning at specific stages.
   - d. Behaviorist: Using reinforcers to increase frequency of desired behavior.

Module 4 Context of Development

Answers to Self-Test

1. a. Neonate takes over own life-support systems
   - b. Locomotion; reach and grasp; or attachment
   - c. Gaining control of bowel and bladder functions
   - d. Language development; or separation from parents
   - e. Learning to read and write; or getting along with peers
   - f. Puberty; or identity
2. Any three of the following:
   - a. Divorce: Child may feel abandoned, become manipulative, be resentful, mistrustful, withdrawn, hostile; or child may be convinced he is still loved by both parents, not responsible.
   - b. Death in family: Child may feel depressed, responsible, neglected, forlorn; or child may share grief.
   - c. Inherited defect of sibling: Unaffected child may become hostile or withdrawn, or feel neglected or guilty.
   - d. Disturbed parent: Child may become withdrawn, hostile, or overly responsible.
3. Any three of the following:
   - a. Gender: (1) determined at the moment of birth (inherited); (2) physiological differences between sexes are result of heredity; (3) behavior differences between boys and girls are most influenced by society (environment).
   - b. Temperament: (1) infants are born with their particular temperament; (2) temperament has a

bearing on how others react to child and this, in turn, affects temperament.

   c. Rate of growth and maturation: (1) determined by heredity - some children mature early, some late; (2) environmental factors such as healthy nutrition, abuse, and stimulation have a negative or positive effect.
   d. Special talents and abilities: (1) genetically determined; (2) may be encouraged or discouraged by parents (environment).
4. Any four of the following:
   a. The infant may suffer multiple handicaps in one or more organ systems.
   b. Premature infants may be more prone to illness, slower in physical motor development, have lower IQ scores and be less emotionally mature.
   c. The child's brain must reach a particular stage of complexity. In addition, the child must have stimulating experiences and materials with which to interact, and must have the physical ability to reach out, touch, and see. Without this interaction, cognition is slowed.
   d. Children who are not properly nourished lack the energy to interact with their environment.
   e. Infants who are abused have emotional problems that continue through adulthood.
   f. Children who suffer emotional crisis may have learning problems and may suffer physical complaints.
   g. There is a relationship between physical factors, such as the age of puberty, and the way children feel about themselves.

Module 5 Conception and Heredity

Answers to Self-Test

1. a. The process whereby the mature ovum is expelled from either the right or left ovary.
   b. The shedding of the uterine lining approximately every 28 days.
   c. The moment at which the sperm unites with the ovum to form the fertilized egg or zygote.
2. B mitosis
   46 chromosomes
   body cells
   A meiosis
   23 chromosomes
   sex cells
3. Sex is determined at the moment of fertilization depending on whether a sperm bearing an X or Y chromosome unites with the X chromosome bearing ovum.
4. XX, female;
   XY, male
5. Their common function is to pass on the total hereditary information.
6. a. dominant b. recessive
7. a, d, f
8. a. Dominant inheritance
   b. Recessive inheritance
   c. Multifactor inheritance
   d. Sex-linked inheritance
   e. Chromosomal abnormalities
9. a. Purposes: to determine the cause of specific defects, to trace the pattern of transmission, to determine the chances for producing a normal child
   b. Limitations: It is advisory only; parents must make own decisions

Module 6 Prenatal Development

Answers to Self-Test

1. Zygote: Division of cells after conception; movement of zygote to uterus where it becomes imbedded in the uterine wall.
   Embryo: Differentiation of cells formation of support systems for embryo and body parts of the embryo.
   Fetus: Final development of systems, look of a human, rapid growth
2. Placenta: Organ through which the embryo gets oxygen and nutrients, releases carbon dioxide and wastes
   Amniotic sac: Transparent membrane that completely envelopes the embryo and contains amniotic fluid to protect the fetus.
   Umbilical cord: The connecting cord between placenta and embryo which provides passage for exchange of nourishment and waste
   Uterus: The hollow organ which provides a protected place for the developing organism to grow, develop and receive nourishment during the prenatal period.
3. a. T
   b. F
   c. F
   d. T
   e. T
   f. T
   g. T
4. a. Conception
   b. Embryo
   c. Fetus
   d. Amniotic sac
   e. Fertilization
   f. Umbilical cord
   g. Placenta
   h. Zygote
   i. Uterus
5. b
6. c
7. c
8. a
9. a
10. c
11. b
12. d
13. d
14. a
15. Alcohol: Reduced mental or motor abilities
    Cigarette smoking: Smaller, more vulnerable babies
    Narcotic drugs: Fatal or addiction at birth
    Radiation: Mutations and other severe hazards

Module 7 Understanding Pregnancy

Answers to Self-Test

1. Any three:
   a. Physician will recommend remedial measures before pregnancy
   b. Detect and treat diseases such as syphilis and diabetes
   c. Test for immunity to German measles
   d. Make suggestions regarding spacing of children
2 Any three:
   a. Nausea
   b. Missing menstrual period
   c. Tender breasts
   d. Change in basal body temperature
3. a. F b. F c. F
4. A nurse-midwife is a registered nurse who has done postgraduate work in obstetrics. An obstetrician is a physician who specializes in pregnancy, labor, delivery, and postpartum care.
5. a, b, e, f
6. a, b, c, d
7. c
8. 7, 3
9. d
10. a
11. a
12. b
13. a
14. a
15. b
16. b
17. b
18. c
19. c
20. b
21. c
22. a
23. d
24. e
25. a. First stage is dilation of cervix, which normally lasts from 10-12 hours in first pregnancy.
    b. Second stage is birth of baby which lasts about 30 minutes.
    c. Third stage is passage of afterbirth or placenta.
26. Any three:
    a. Provide playmate for other child.
    b. Provide grandchild for parents.
    c. Because all your friends have babies.
    d. To show you can do it.
    e. Provide company for you and your husband.
    f. To keep your marriage together.

Module 8 The Neonate

Answers to Self-Test

1. The new infant in the first four weeks of life.
2. a. Traditional childbirth: The baby is born in a hospital and a variety of techniques are used to hurry delivery and minimize pain.
   b. La Maze childbirth: This involves preparation, limited medication, and active participation by both parents.
   c. Leboyer method: Its basic premise is that birth should be a nonviolent, gentle process.
   d. Home delivery: The parents remain in the warm, secure home environment during the birth process.
3. Any three
   a. Fathers assisting delivery
   b. Older children visiting their mother and new baby.
   c. Rooming in
   d. Midwifery
   e. Birthing centers
4. A screening device to detect problems immediately after birth so that life-saving measures can be employed. It measures color, heart rate, reflex, muscle tone, and respiration of the infant.
5. a. Loss of oxygen during birth
   b. Neonatal diseases and infections
   c. Mechanical injuries
6. a. wrinkled-looking tiny infant with blotchy skin, lop-sided head, puffy eyes and soft fine hair.
   b. the head is large in comparison to body, arms and legs are short, feet and hands are small.
   c. 20 inches long and 7 to 7-1/2 pounds.
7. The achievement of physiological stability of temperature and chemical composition of the neonate.
8. a. Breathing independently of the prenatal process of receiving oxygen from mother.
   b. Change from circulation through umbilical cord and increase of circulation through lungs and carrying oxygen from lungs to all body tissue.
   c. Change from dependency of nourishment from mother to finding food source, taking in food, and digesting it.
   d. Change from body temperature of mother to higher temperature and regulation of constant temperature only through crying.
   e. Change from constant source of needs being met to interrupted patterns that interfere with sleep.
9. 1. e
   2. a
   3. c
   4. g
   5. h
   6. f
   7. d
   8. b
10. a, c, d, e, f
11. Any five:
    a. Sanitation. Where poor hygiene or lack of refrigeration can lead to infection, breast-feeding may be the only choice.
    b. If the mother's health is poor or if she takes harmful medication, bottle-feeding may be best.
    c. Breast-feeding has nutritional benefits; it causes less colic, provides more immunological defenses to protect the infant, and is less likely to cause allergic reactions.
    d. Breast-feeding may better satisfy the baby's sucking reflex.
    e. Breast-fed babies must be held in close physical contact which may lead to a better bond between mother and infant.
    f. Breast-feeding helps shrink the mother's uterus to its original size.
    g. The working mother can choose between bottle-feeding and breast-feeding.
    h. The father's participation in the nourishing process should be considered.
    i. The mother should feel comfortable with the feeding method chosen.

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Module 9 Infancy: Landmarks of Development

Answers to Self-Test

1. a. 5
   b. 7
   c. 1
   d. 3
   e. 2
   f. 6
   g. 4
2. a. 1
   b. 3
   c. 2
   d. 6
   e. 4
   f. 5
3. The control of the body starts with the head and neck and moves downward to legs and feet.
4. The control of the arms begins with the shoulders and moves outward to arms, elbows and hands.
5. a. (one possible answer) Ability to use the whole hand to grasp becomes the more specific ability of using thumb and forefinger together.
   b. (one possible answer) The simple ability of using thumb and forefinger together is integrated into the more complex task of self-feeding.
6. (one possible answer) Walking may occur anywhere from 9-15 months showing extreme variance. Walking always occurs in sequence after sitting, crawling (the only landmark that may be skipped), and standing.
7. a, b, d, e, g
8. Any three
   a. weight doubles in six months and triples in one year
   b. proportion of head to body changes.
   c. height increases 9 or 10 inches in the first year.
   d. first tooth erupts.
9. a, b, c, e

Module 10 Infancy: Beginnings in Cognition & Language

Answers to Self-Test

1. b
2. c
3. a. schema
   b. sensorimotor intelligence
   c. assimilation
   d. accommodation
   e. object permanence
4. a. Stage 6. Symbolic Representation
   b. Stage 1. Reflex Behavior
   c. Stage 3. Actions with People and Objects
   d. Stage 5. Experimentation
   e. Stage 4. Goal Directed Action
   f. Stage 2. Repetitive Actions
5. At first the baby momentarily watches an object after it disappears from sight; later he will actively search for a hidden object and he knows that objects and people still exist when not seen.
6. a. 4
   b. 2
   c. 6
   d. 1
   e. 5
   f. 3
7. a. Parents change their style of speaking when talking to their baby by raising pitch and using more repetitions and questions.
   b. Parents use conversation in everyday interactions and incorporate the baby's responses into two-way "conversations."
   c. Parents repeat the babbling sound that represent the sounds heard in the language. The parents continually use words in conversation which the baby imitates.

Module 11 Infancy: Early Relationships

Answers to Self-Test

1. Trust is established through responding to the crying, cuddling, feeding, and caring for the infant attentively.
2. Mistrust develops when needs are neglected, cries are ignored, and the infant is cared for inconsistently or treated in a hostile and rejecting manner.
3. d
4. d
5. d
6. a. 2
   b. 1
   c. 3
   d. 5
   e. 4
7. At first the baby molds and cuddles to mother's body. Later she will look at mother's face longer and study it. This develops into an exclusive relationship with the one who emotionally cares for her.
8. Are more free to explore the world around them and adjust better in new situations.
9. c
10. a
11. a. growth retardation
    b. lagging physical growth
    c. withdrawn, unresponsive or turn away from the adult.
12. a. Child care in own home
    b. Out of home care or home day care provider
    c. Child care centers for the very young
13. a. caregiver warm and caring and responsible for a very few children.
    b. caregiver gives ample time to holding, cuddling and giving attention to infant.
    c. consistent care by same person over a long period of time.

Module 12 Infancy: Self and Social World

Answers to Self-Test

1. a. e. i.
   b. g.
   c. h.
2. a. Child's sense is that he is at one with mother, not separate in any way.
   b. Child's sense is that his body and self is separate and that he can act and move away independently.
3. Any one choice:
   points to eye, nose and mouth correctly;
   watches his image move in a mirror.
4. Synchrony is finely tuned interaction where parent and baby verbally and nonverbally interact with each other.
5. b
6. b
7. c
8. a
9. d
10. b

Module 13 Early Child Care and Education

Answers to Self-Test

1. a. Nursery school (half day)
   b. Headstart
   c. School enrichment programs
   d. Day care (full day)
   e. Family day care home
2. Child care and education programs for young children are both educational and provide a good child rearing environment. The programs differ in length of the day and the purpose of the parents in sending their children. In full day child care the program is paced differently, attachment to teachers is closer and naps and meals are provided.
3. (Any four)
   a. Training/education in early childhood
   b. Low number of children per teacher
   c. Teachers take time to talk to each child.
   d. Consistency of teaching staff
   e. Teachers communicate with parents
4. (Included are explanations for answers.)
   a. Many choices are offered.
   c. A variety of learning styles are accepted.
   e. A rich environment is planned appropriate to the age group.
5. a. individual, group
   b. free, teacher
   c. quiet, active
   d. outdoor
6. a. frequent
   b. child size, within reach
   c. age and stage differences, developmentally appropriate
7. a. Blocks
   b. Dramatic play
   c. Manipulative materials
   d. Music
8. b, c, e, f
9. a. Stress, such as unemployment
   b. Lack of parenting skills
   c. Lack of being parented oneself
   d. Alcohol and drug abuse
10. (Discussion can include the following.)
    a. A growing need for full day care exists because more parents are returning to work sooner when their children are quite young. The need for care is for all ages, but especially infant, toddler and schoolage.
    b. Child care programs can be funded by subsidies, by individual employers, and grants in addition to tuition paid by parents, but the fact remains that the high cost of quality care is usually not met. One gross lack is the low salary level for teachers in early childhood programs.
    c. Licensing of preschool programs only monitors for baseline in quality. Since other accreditation, such as that of the National Association for the Education of Young Children is voluntary, there is no overall monitoring for quality in early child care and education.

Module 14 The Child in the Family

Answers to Self-Test

1. a.
   d.
2. a. d.
   b. e.
   c. f.
3. a. Family size is smaller.
   b. Institutions provide more functions for the family.
4. a. 3 c. 1 e. 2
   b. 4 d. 5 f. 6
5. a. Child care and education is provided by institutions outside the home when the single parent or both parents work.
   b. Families are large or small and roles in the family vary.
   c. Teen parents are increasing, creating responsibilities on young people not yet grown.
   d. Children see both parents in a variety of roles within the family because both are active in careers.
6. Include two of the following answers:
   a. Divorce: Negative effects are produced when children are not allowed to express their feelings and blame themselves. Positive effects are evident when the parent promotes the image of the absent parent, manages their relationships without conflict and arranges for children to have relationships with both parents.
   b. Poverty: The parent struggles to provide basic needs and may be required to rely on institutional programs for necessities. When a single parent is working a large portion of income may go to child care.
   c. Increased mobility: Moving may disrupt children's lives but they eventually adjust.
   d. Presence of an exceptional child: This provides its own stress and changes relationships, but can also strengthen the family.
   e. Dysfunctional parents: The roles within the family may be confused and unrealistic. A child may receive a message of poor self-worth, but if basic rules for a functional family are followed basic self-worth may be intact.
7. a. c.
   b. d.
8. a. permissive
   b. authoritarian
   c. authoritative
9. a. warmth
   b. love
   c. consistency

Module 15 Nutrition

Answers to Self-Test

1. a. Grow and develop
   b. Energy
   c. Freedom from illness
2. b.
3. a. 4 d. 1
   b. 5 e. 2
   c. 6 f. 3
4. a. Bread, cereal, pasta
   b. Vegetables: such as carrots, spinach, potatoes
   c. Fruits: such as oranges, bananas, apples
   d. Milk, yogurt, cheese
   e. Meat, poultry, fish
   f. Fats, oils, sweets
5. a. Eat a variety of food choices from the pyramid,
   b. Increase consumption of fruits, vegetables and grains.
   c. Avoid food high in fat, salt and sugar.
   d. Eat more foods from the lower portion of the pyramid and less from the top.
6. eat a well balanced diet, healthy body
7. essential nutrients are available in easily digestible form, antibodies
8. a. 3 b. 2 c. 1
9. a. 2 d. 1 g. 3
   b. 2 e. 1
   c. 3 f. 2
10. a. 2 d. 5 g. 4
    b. 1 e. 3 h. 4
    c. 2 f. 5
11. a. A knowledge of nutrition; education about false advertising, diet fads and convenience foods.
    b. The family has less control over what is eaten; social influences of television, prevalence of junk food and fast food; independence from parents and need for peer group acceptance.
12. a. Because of the desire to fit the social stereotype of being thin the girl is preoccupied with dieting. The absence of milk in the diet may bring about osteoporosis in later years.
    b. A strong and muscular body is the model for boys which influences a diet with more nutrients than needed.
13. Anorexia nervosa and bulimia, more often seen in girls, brings on severe health problems that can be lifelong or lead to starvation and death.

Module 16 Exceptional Children

Answers to Self-Test

1. Those children who are different from the normal in terms of intellectual, behavioral, or physical factors, and who usually require some type of special education to meet their needs.
2. a. 1 f. 1
   b. 2 g. 3
   c. 1 h. 3
   d. 3 i. 2
   e. 2
3. a. Inability to adjust in an average group situation
   b. Frequent mood changes
   c. Extreme behaviors
   d. Poor communication and poor language development
   e. Impaired thinking
   f. Physical symptoms
4. environmental genetic
5. a. Stereotyped negative traits
   b. Self-fulfilling effects
6. a. Behavior modification f. Special education
   b. Deinstitutionalization g. Mainstreaming
   c. Deinstitutionalization h. Behavior modification
   d. Legislative action i. Special education
   e. Mainstreaming j. Legislative action
7. The integration of exceptional children into the regular classroom of the public school system.

Module 17 Toddlerhood: Physical & Cognitive Development

Answers to Self-Test

1. b, c
2. a, b, c
3. b
4. a, c
5. b, c, d, e
6. a. the feet are widespread for balance as the child moves in an unsure and toddling gait, falling easily.
   b. The feet move in a straight-forward sure gait.
7. a. Thinks about an act before actually doing it.
   b. Copy or replay an action the child has seen before.
   c. Uses language to represent objects, actions, or ideas; recognizes and labels pictures.
8. (One possible answer)
   a. Labeling a piece of play dough as a pancake.
   b. Covering the doll with a blanket.
   c. Wanting a toy train without considering the other child.
   d. Labelling family members in the photo.
9. (One possible answer)
   a. Child asks for name of an item and repeats the word. Example: "What's that?" "Choo-choo."
   b. Short phrases describing an action Example: "All done."
   c. Repetition of one or two words the child hears. "Good job," repeated by a child at the end of the song.
   d. Child makes up a word, or phrase to express ideas not in his vocabulary. Example: "I want to hello a daddy."
   e. Child uses complete sentences. Example: "It's getting so hard."
10. (Any four of the following)
    a. Explain what is happening in daily events.
    b. Talk about the activities and ideas of the child.
    c. Use language slightly above the language ability of the toddler.
    d. Be a turn-taking partner in conversation.
    e. Work at understanding the message communicated by the toddler.
11. a. Provide materials for sensory experiences such as sand, water, and play dough; provide simple constructive toys; and provide toys and materials for pretending such as cars and trains, dolls, doll bed, and telephones.
    b. Adults convey the message that it is good to be curious and to imitate and pretend; that it is good to explore and experiment.
    c. Provide simple, not complicated, trips such as the library and the store where children can handle the materials.

Module 18 Toddlerhood: Emotional Development

Answers to Self-Test

1. A drive toward independence and assertion of own will.
2. Failure to rule their own bodies such as wetting their pants or being "caught in the act."
3. (Any three of the following)
   a. Provide choices.
   b. Help child learn new skills so she can do tasks by herself.
   c. Allow child to accomplish tasks on her own.
   d. Keep rules simple and minimal.
4. b
5. Learning skills that will enable him to fit into society.
6. a. E, T, S
   b. E
   c. E, S
   d. T
   e. E
   f. S
   g. E, T
7. a. When the toddler ties together the growing mastery of controlling toileting with autonomy, he will work to acquire mastery.
   b. If the expectations are too high the toddler may show autonomy by refusing to cooperate.
8. b, c, f
9. a, c, d
10. a
11. 1.
    A. Child is not secure without parent in a new situation.
    B. Child feels more secure with an object that reminds him of home or parent.
    C. Child sees play from his point of view and cannot take in his friend's view.
    D. Child is anxious about his relationship to parents.
    2.
    A. support child by holding, reassuring and being close to child.
    B. Allow transitional object in school as long as child needs it.
    C. Provide choices from many toys. Accept child's inability to share while being fair to others.
    D. Allow child to help in family and continue giving much attention and care to this child.

Module 19 Preschoolers: Physical and Cognitive Development

Answers to Self-Test

1. b, d, e, f, g
2. Any three of the following:

Gross motor	Fine motor
balancing	hammering
running	drawing
swinging	manipulating table toys
riding tricycle	completing puzzles
	pouring and filling
	cutting with scissors

3. Any 3 of the following:
   exploring the world with their hands
   experimenting with objects and concepts
   engaging in pretend or symbolic play
   thinking about objects and events
   observing others
4. a, c, e, f, g
5. Any 3 of the following:
   pretend play in which one object is used to represent another
   looking at or reading books in which pictures stand for the real object
   dictating stories which teacher writes so child sees own words as symbols
   drawing pictures to represent people or events
6. a. Provide materials such as manipulatives, blocks, play dough, paint, magnifying glass, pendulum, which the child can handle, explore, experiment
   b. Structure an environment which encourages the child's exploration of materials and ideas, giving children time to work out ideas, to fail and to try again
   c. Be available to answer children's questions, listen to children's comments, observe what children are doing so that concepts may be clarified at a later time, provide vocabulary when needed

Module 20 Preschoolers: Social and Emotional Development

Answers to Self-Test

1. Any three of the following:
   active, energetic, making choices, enjoying sensory experiencing, trying out new skills, testing limits, emotional, enthusiastic.
2. b
3. c
4. Any four of the following:
   learning to say "thank you"
   developing self control
   learning to share
   learning to cooperate
   resolving conflicts peacefully
   learning to negotiate and compromise
   caring for each other
5. The parents or teachers of preschool children must recognize both the exuberant nature and the strong emotions of children in the stage of initiative. The adults should provide interesting and engaging activities from which children may choose. If necessary help children enter into a group of other children. They set an example of how to resolve conflicts in a peaceful manner. They model polite behavior in their interactions with the children.
6. a. d. e. g. h.

Module 21 Play

Answers to Self-Test

1. a. 2. c. 3. b. 4. c. 5. d. 6. a.
7. a. 4 c. 1
   b. 3 d. 2
8. a. 2 c. 3
   b. 4 d. 1
9. a. involved
   b. process
   c. child directed
10. a. b. d. g.

Module 22 Language Development

Answers to Self-Test

1. a. T b. F c. F d. T e. F f. T
   g. T h. F i. T j. T
2. a. speaking c. reading
   b. listening d. writing
3. b
4. c
5. a. 3 b. 5 c. 1 d. 4 e. 2
6. a. 3 b. 6 c. 2 d. 5 e. 4 f. 1
7. Any of the following:
   a. Provide language rich environment
   b. Avoid lessons
   c. Talk to infants and toddlers
   d. Be a good listener, responding appropriately to what child says.
   e. Use questions to encourage ideas
   f. Provide good literature
   g. Value child's interest in reading and writing
   h. Take dictation of children's stories
   i. Do not judge or correct early efforts
8. a. changes according to the situation
   b. code switching
   c. learn more than one language
   d. wants, needs, feelings, attitudes
   e. their society and culture
   f. an entire action, event, or category
   g. think and reason

Module 23 Self Identity and Sex Role Development

Answers to Self-Test

1. d 2. b
3. a. 4 b. 1 c. 2 d. 3
4. a. valued, loved
   b. boosts
   c. achievement, behavior, growth patterns
   d. power, high
   e. success
   f. attachment
   g. active
5. a. F b. T c. T d. F e. F f. T

Module 24 Moral Development

Answers to Self-Test

1. d
2. c
3. b
4. c
5. a
6. c
7. d
8. a. Sexual behavior
   b. Use of language
   c. Behavior toward adults
   d. Behavior toward peers
   e. Behavior toward property
9. I
   a. Concern for others
   b. Conscience
   c. Moral judgment
   II
   a. Someone is concerned about child so then child will care about others.
   b. A guide to do the right things and source of guilt with wrong doing.
   d. Person knowledgable enough to understand rules and practice them.
10. a. Punishment and reward
   b. Imitation
   c. Moral judgment
11. a. 3
   b. 1
   c. 2
12. a. 1
   b. 2
   c. 2
   d. 1
13. I
   a. Reinforcement
   b. Imitation
   c. Instruction
   d. Specific goals
   e. Understanding development
   II One example given
   a. Praise encourages good behavior.
   b. Treat children as courteously as you would like to be treated.
   c. Teach appropriate rules for situations.
   d. Teach cheating will not be tolerated.
   e. Expect different levels of moral development.

Module 25 Middle Childhood: Growth & Development

Answers to Self-Test

1. X should appear with b, c, e, h, i
2. a. less competent
   b. more competent
   c. rejected or isolated
   d. isolated or rejected
   e. lack stamina or rejected
   f. successful or more competent
3. a. 2
   b. 4
   c. 1
   d. 3
4. a. 2
   b. 5
   c. 1
   d. 4
   e. 6
   f. 3
5. a. 3
   b. 4
   c. 2
   d. 1
6. b
7. c
8. a
9. b
10. a. Learn physical skills necessary for ordinary games.
    b. Build wholesome attitudes toward oneself as a growing organism.
    c. Develop concepts necessary for every day living.

Module 26 Middle Childhood: Society of Children

Answers to Self-Test

1. a. parental behavior
   b. child's sex
   c. position in family
   d. prejudices of society
   e. socioeconomic factors
2.

I	II
a. self-concept	a. Learning to get along with age-mates
b. independence	b. Achieving personal independence
c. sex role identity	c. Learning appropriate masculine or feminine social role.

3. b
4. c
5. d
6. a
7. c
8. d
9. b
10. Developing attitudes toward social groups and institutions.

Module 27 Middle Childhood: Sense of Industry

Answers to Self-Test

1. a. competition
   b. usefulness
   c. competence
   d. achievement
   e. cooperation
2. a. Children are controlled by strict rules and systems of rewards and punishments.
   b. Parents exercise little or no control over their children.
   c. Parents set reasonable limits, give reasons for rules and limits, offer alternatives, encourage children to discuss and express their feelings.
3. I
   a. Give children opportunity to make choices.
   b. Decide on priorities.
   c. Help children accept responsibilities.
   d. Let children make their own mistakes.
   e. Let punishment fit the crime.
   f. Be a model of desired behavior.

   II (for each guideline, other examples are possible)
   a. Offer two acceptable choices to child.
   b. Parents decide which issues are important to them.
   c. Homework is child's responsibility.
   d. Avoid criticism and interference when child does a task.
   e. Attack the problem, not the child.
   f. Parent's example is more important than parent's words.
4. a. Teacher style. (Choose one example below.)
      1. Teacher helps children with emotional problems.
      2. Encourages initiative, self-esteem, social responsibility.
      3. Praises good work and sincere efforts.
      4. Encourages children to cooperate.
   b. Child-centered humane curriculum. (Choose one example.)
      1. School is a place where children can master skills, feel pride in achievement, have a voice in decisions.
      2. Curriculum includes creative arts, physical activities, academic subjects.
   c. Respect and acceptance of all children. (Choose one example.)
      1. Teacher respects all children.
      2. Boys and girls are treated equally.
      3. Regardless of race, nationality, or class, the accomplishments of all children should be accepted.
      4. Sensitivity to racial and sexual stereotypes in books and other materials used in classroom.
      5. Respect for individual cognitive style.
   d. Parents are partners. (Choose one example.)
      1. Frequent conferences with parents.
      2. Parents show interest in school matters.
      3. Parents feel welcome at school.

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Module 28 Adolescence: Physical Growth and Development

Answers to Self-Test

1. a. The period usually between the ages of 12-18, marked at the beginning by rapid physical growth and sexual changes ending with a better formulated identity.
   b. The period of rapid physical and sexual changes during which the individual achieves adult size and shape and is capable of sexual reproduction.
2. hypothalmus, pituitary, testes, ovaries.
   testes, testosterone,
   ovaries, estrogen, progesterone,
   growth hormone, sex characteristics.
3. a. body fat increases
   b. spurt in height and weight
   c. bones lengthen
   d. cartilage ossifies, skeletal growth completes
   e. muscles increase in size
   head takes on final adult shape
   heart and lungs increase in size
   increased activity of sweat glands.
4. a. uterus grows
   b. vaginal lining thickens
   c. first menstrual period or menarche
5. a. testes grow
   b. penis lengthens
   c. scrotal sac enlarges
   ejaculation of seminal fluid
6. a. hips widen
   b. breasts begin to develop
   c. hair growth under arms and in pubic area
7. a. voice becomes noticeably lower
   b. facial hair becomes noticeable
   c. hair growth under arms and in pubic area
8. a. gender b. genes c. ethnic group d. exercise e. relationship to parents
9. c. 10. b. 11. a.
12 a) F b) T c) F d) F e) T f) T g) T h) F
i) F j) F k) F l) T m) T n) T o) T
13. a. Educational performance
   b. Psychological perspective
   c. Family influence
   d. Age that puberty begins

Module 29 Adolescence: Cognitive and Moral Development

Answers to Self-Test

1. a. Adolescents can think abstractly
   b. Their thinking is more flexible
   c. They can think and plan ahead
   d. Their thinking is reflective
   The content of adolescent thought is broadened
   According to Piaget, adolescents are in the stage of formal operations
2. a. indestructible
   b. unique special personal
   c. imaginary watching

3. The best schools for adolescents provide a wide range of learning opportunities. Interaction among students, and between students and teachers is encouraged. Student performance is enhanced by high teacher expectation. Higher achieving students are encouraged to help less achieving peers. Students are required to complete a basic curriculum. Grading system is understood by teachers and students.

4. b. 5. d. 6. c.

Module 30 Adolescence: Social and Emotional Development

Answers to Self-Test

1. a. Moratorium
   b. Diffusion
   c. Identity
   d. Foreclosure
2. a. Nurturing and supportive parents pave the way from childhood to adulthood. Without guidance and support the adolescent may have difficulty achieving a mature identity.
   b. The adolescent from ethnic group$ who live in more traditional families may foreclose by assuming the more predictable and less conflictual traditional role.
   c. These adolescents are unable to make a commitment to either original or mainstream culture and become apathetic about defining who they are. They have a difficult time setting goals and dealing with school and peers. They suffer from identity diffusion.
   d. While attending college or participating in the military or the peace corps the adolescent may postpone making a commitment to an adult role. In the meantime, while in this period of moratorium, the adolescent may be acquiring information that can be useful in later identity formation.
3. a. sexual b. political c. vocational d. religious
4. a. F b. T c. T d. F e. T f. T g. F h. F i. T j. T

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